SEPTEMBER 1957

URNAL FOR NURSES



# WHILE YOU WERE OUT

TO: Dr. Norton TIME: 9:10 a.m.

	Tw	PLEASE CALL HIM
TELEPHONED	-	WILL CALL AGAIN
CALLED TO SEE Y	0-	
WANTED TO SEE	YOU	RUSH

MESSAGE: Mrs. Amadeo phoned that the prescription actually seems to irritate her little boy's ivy poisoning. He may be sensitive to the local anesthetic, so I played it safe and suggested she use Calmitol until you returned.

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without complications and

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BY ALICE R. CLARKE, R.N.



### A JOURNAL FOR NURSES

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MANUSCRIPTS are always welcomed by the editors—particularly those written on nursing and allied subjects by interested authors. Manuscripts should be typed, with double or triple spacing. Send photographs and/or illustrations with manuscripts whenever possible. All published manuscripts become the property of R.N. Manuscripts not accepted will be returned to their authors.

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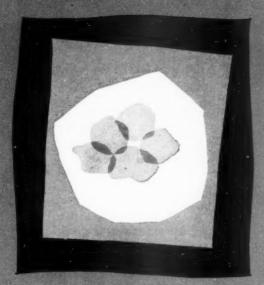
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### THE COVER



Back in 1922, when Emory University moved to its new campus in the Druid Hills section of Atlanta, Ga., the Training School for Nurses of Wesley Memorial Hospital was similarly relocated. Moving to the newly built hospital on the campus, this training schoolfounded in 1905 with a student body of ten young women -has long since become the Emory University School of Nursing, with a current enrollment of some 250 students. Discontinuing its three-year diploma course in 1949, it now offers a four-year collegiate program leading to a B.S. degree in nursing—plus supplementary B.S. and M.S. programs for graduate registered nurses. The school pin features a red cross, with the letters E.U.S.N. in gold on a white, ribbonlike scroll. The white lawn cap has six pleats signifying Tolerance, Sympathy. Endurance, Truthfulness, Loyalty, and Cheerfulness. «»





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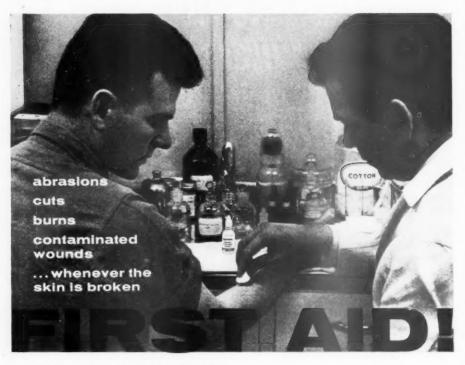
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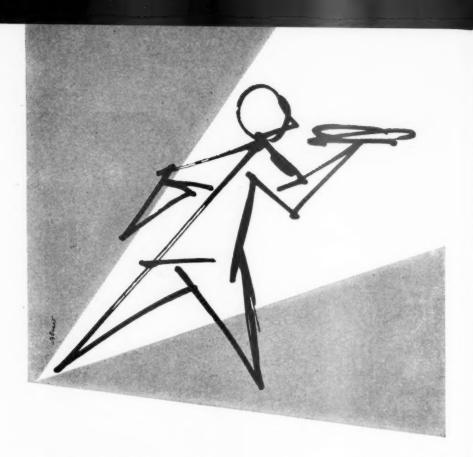
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Reference: 1. Hardy, James D.: The Nature of Pain; J. of Chronic Diseases, Vol. 4, July 1956.

### LETTERS

### DOCTORAL DISSERTATION

Dear Editor:

Your May editorial, "Nursing's Investigators and Interpreters," was most stimulating. I am one of the nurses who ventured into the specialties, hoping to find a broader way of looking at problems of nursing and health. My major field is anthropology; my minor fields are psychology and social service. My particular interest is the health problem of people of different cultures. Now that most of my class work is finished. I want my doctoral dissertation to be directed along the lines you have suggested: toward the person the nurse serves, especially the people of 'simpler' cultures with very little in the way of material goods.

EVE MEIUM, R.N. WASHINGTON, D.C.

### APARTMENTS WANTED

Dear Editor:

fect

Some hospitals have apartments for single nurses at fantastically low rates. Is it unreasonable for widows and divorcees (often with one or two children) to want similar facilities? We receive the same salary as single nurses. However, we have to pay very high rents plus the expense of baby-sitters.

MARY TATTORY, R.N. DEERFIELD, ILL.

### RHYMER'S CHOICE

Dear Editor:

R.N., to me, is but a treasure Bringing hours of reading pleasure.

Summer, winter, spring, and fall, It pleases nurses, one and all. RUTH M. GIBSON, R.N. WEST CHICAGO, ILL.

### **HEPATITIS**

Dear Editor:

May I have the bibliography on your March article, "What Can YOU Do About Hepatitis?" I am looking for ideas to help carry out recommendations of the local medical society, which has suggested that in mass inoculations we use single-dose syringes and clean syringes and needles with detergent, hot water, alcohol, and acetone before autoclaving. This technique is simple enough when one has

# after Mastectomy



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enough syringes and needles, but my recent clinic totaled 2,736 people. The cleaning and autoclaving of the equipment required the work of about fifteen people.

HETTY I. JOACH, R.N. JEFFERSON CITY, MO.

### Dear Editor:

After reading your fine article, "What Can YOU Do About Hepatitis?," I was distressed when I saw the technique employed for Salk vaccine injections. Five-cc. syringes were used. An injection of 1 cc. was given; then the needle was flamed and used on the next person.

ELIZABETH CUNNINGHAM, R.N. NATIONAL CITY, CALIF.

### Dear Editor:

I was shocked when I received my Salk vaccine injection recently from a multiple-dose syringe. I expected that these public health authorities had more up-to-date information. Such poor technique can cause infectious hepatitis. I certainly shall not return for another injection.

R.N., CALIF.

### Dear Editor:

This is in reference to the annonymous letter you received from a California nurse concerning the use of multiple-dose syringes for giving poliomyelitis vaccine.

"Infectious hepatitis" and "serum hepatitis" are different entities. Risk of transmission by hypodermic needle applies mainly to the

# anatomically correct rectal tube minimizes injury hazard

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latter. Needles should not be used on two subjects in succession without intervening sterilization, and the contents of the syringe should not become contaminated by aspirated blood or tissue fluid.

These precautions have been recommended and generally observed wherever poliomyelitis vaccine has been given to two or more subjects from the same syringe. Once the needle has been inserted into the subject, no traction should be made on the plunger. In the unlikely event that blood should appear at the nozzle from accidental puncture of a vein, the syringe's entire contents should be discarded.

In our opinion, the risk of transmitting infectious hepatitis is negligible if the precautions described are conscientiously followed.

THOMAS M. RIVERS, M.D. MEDICAL DIRECTOR NATIONAL FOUNDATION FOR INFANTILE PARALYSIS NEW YORK, N.Y.

Dear Editor:

The use of multiple dosages from a single syringe is a grave practice because contamination of the tip of the syringe has been demonstrated in withdrawing the needle from the skin and the syringe from the needle hub. There are a number of articles in the literature documenting the use of a common syringe as the vector in an outbreak of homologous serum jaundice.

I admit that multiple dose syringes have often been used for the be the smartest woman on the job in a Pro-Fashion by

bob evans

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Left: Bradperma Wash and Wear Poplin, about \$11. #1029-Sizes 8 to 20, 7 to 15.

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mass inoculation of the public without resulting in an epidemic of homologous serum jaundice. This is because the carrier rate in the healthy public is rather low in contrast to the incidence of disease in a hospital population. Nevertheless, I feel that good public health demands inoculation by individual syringes.

CARL W. WALTER, M.D.
PETER BENT BRIGHAM HOSPITAL
BOSTON, MASS.

### CONVENTION COVERAGE

Dear Editor:

The July issue is most interesting from cover to cover. I almost feel that I attended the NLN convention myself. I certainly agree with Irma Fricke's views in her letter-to-the-editor headed "School Nurse-Aides."

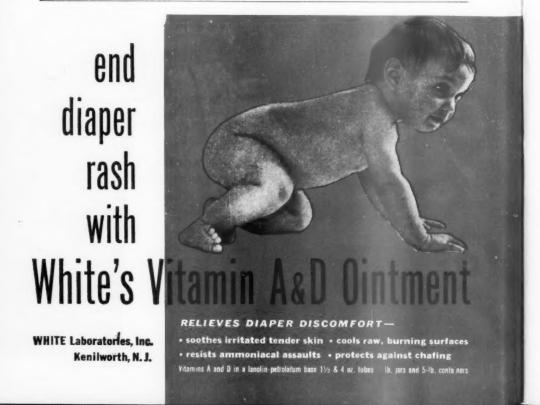
LUCILLE MURPHY, R.N. ALBANY, GA.

### GARDEN CLUB

Dear Editor:

Recently I visited a friend in a Providence (R.I.) hospital. It was early in the forenoon and I remarked on the freshness and artistic arrangement of her beautiful flowers. She told me that several members from the Providence Garden Club came each morning and arranged the flowers for all patients.

As there are several hundred members in the club, each one





# PROVIDE WELCOME VARIETY FOR PATIENTS ON LOW-SODIUM, LOW-CALORIE AND DIABETIC DIETS

Free booklet tells patients how to plan meals

A quick look at the canned food shelves of your neighborhood supermarket shows the many types of special-purpose dietetic foods available today. Canco scientists are proud of the part they have played in helping canners formulate and pack appetizing canned foods which are useful in diabetic diets or in modified diets where calorie or sodium intake must be controlled.

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American Can Company has issued a free guide to good eating for patients on diabetic, low-sodium and low-calorie diets. This unique booklet, called So Foure On a Diet, contains a wealth of helpful information for your dieting patients.

Meal plans have been carefully calculated by hospital dietitians, home economists and members of the American Can Company's scientific staff.

So You're On a Diet tells your patient how to plan interesting, properly balanced meals in accordance with his dietary needs, whether he eats at home, carries a lunch or orders food in a restaurant.

And there's also a list of the more than 75 dietetic foods now available in cans. Write for a sample copy of this booklet today. Just fill out and mail the coupon below.

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has to devote only a few days a year to this volunteer service. It has proved a source of great help to the busy nurses and has afforded much cheer to the patients.

I wonder if other garden clubs in the large cities are doing this as one of their projects.

JEANETTE F. THOMAS, R.N. DAYTONA, FLA.

### SCOTTISH ACCLAIM

Dear Editor:

I should like to thank you so much for your intimation that I shall receive copies of your most excellent journal. I have been gifted this by Mrs. A. Lehman, a trained nurse, and through your journal I should like to say how

proud I was to work with such a fine person.

She came on leave to this country and we worked together in a large general hospital. I was in charge of the geriatric ward and will always be grateful to her good nursing and the happy and efficient atmosphere which prevailed in the ward with her presence. The patients loved her. They will remember her with affection and miss her going.

I learned much professionally from her methods. On her return to her home in America, I shall lose a valued friend.

May I add that we are still using some "operation sox" which you sent to us during the war years in "Bundles for Britain." Bless you



in all your good work and thank you for so many things.

PATRICIA C. DALTON, S.R.N., S.R.F.N. GLASGOW, SCOTLAND

### MULTIPLE SCLEROSIS

Dear Editor:

Our congratulations to you and your staff for the excellent June issue of R.N.—made especially outstanding by the inclusion of the story about R. Bowen Sasser: "This Railroader Became an R.N."

We try continuously to bring the multiple sclerosis story to the many publics within the public, and particularly to those who can be of help to MS patients. Certainly, nursing stands in the forefront of these publics. Your publication of the Sasser story is of considerable importance in expanding an understanding of problems imposed by MS.

FLOYD BOYER
PUBLIC RELATIONS DIRECTOR
NATIONAL MULTIPLE SCLEROSIS
SOCIETY
NEW YORK, N.Y.

### PAY SCALES COMPARED

Dear Editor:

In a letter to the Chicago Tribune, a reader recently pointed out that help-wanted ads for meter readers feature better starting pay than ads for registered nurses. I have noticed ads offering high school graduates \$300 a month for





pioneering parenterals for a quarter century

# for the change to oral antidiabetic therapy...

evaluate response by daily testing

test for control of glycosuria . . . . . . test for freedom from ketonuria

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REAGENT TABLETS

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The new oral antidiabetic agent, Orinase® (Tolbutamide, Upjohn), used investigationally in over 18,000 patients, has been proved an effective replacement for insulin injections in many having the uncomplicated, stable, maturity-onset type of diabetes.

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office jobs, day shift, eight hours a day. Why not try raising R.N. salaries and see if nurses won't return and do the kind of nursing they did back in the Thirties—the kind patients still talk about and won't ever forget?

ALICE SIVULA, R.N. NEGAUNEE, MICH.

### CORRECTION

Dear Editor:

In "Prison Blood Donors" by Don Lowry, featured in your June issue, I was quoted as saying that we process "over 30 donor inmates a day." This should have read "over 500 donor inmates a day."

JOSEPH VENIER, M.D. LANSING, MICH.

### PART-TIME NURSING

Dear Editor:

I'm a new subscriber to R.N. and now I wish that I had been receiving it for years. Your magazine is most interesting and informative.

I'm just getting around to reading the May issue and I hit the ceiling when I read Marilyn Schmandt's letter on part-time nursing. I never thought that any directress of nursing could be so short-sighted. I also felt badly about the letter in the same issue which was headed "L.P.N.'s Plight."

The hospital where I work would

continued on page 26

### How "hospital-tested" antiseptic cream

# Instantly Soothes Burning Feet! Stops Athlete's Foot, Skin Itch!



What a blessing when shoes come off hot, tender, work-weary feet... and soothing Ting goes on! This remarkable medicated cream cools burning skin as you rub it on... dries quickly to a powder that clings, thus continues to soothe for hours.

Antiseptic Ting even relieves Athlete's Foot itch instantly—as proved in hospital tests. Destroys fungi on 60-second contact. Aids healing of

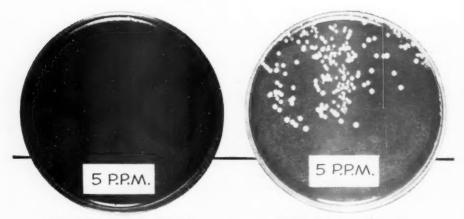
cracked and peeling toes with wonderful speed. And in cases of skin itch due to harsh chemicals, oils, acids, cleaners—Ting is equally effective.

Ting is easy to apply, greaseless, stainless. You can put stockings on immediately after applying Ting Cream without fear of messy stains. Also keeps skin dry. Stops embarrassing foot odors, too.

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# New Golden Dial provides more than any other

In vitro tests prove new Golden Dial's deodorant superiority.



New Golden Dial with TCC and a chlorinated bisphenol.

Former Hexachlorophene Dial.

These culture plates were streaked with the organism M. pyogenes var. aureus. (Bacteria causing odor and pyogenic trouble.) The photos show the results of adding 5 p.p.m. of the test soap to each plate.

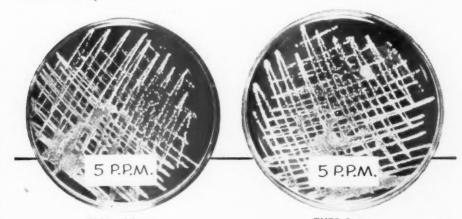
FROM THE SOAP DIVISION OF ARMOUR AND COMPANY

# effective deodorant action deodorant soap

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New Golden Dial inhibits the growth of a wider range of odor causing skin bacteria (both gram-positive and gram-negative) than any other deodorant soap now available.



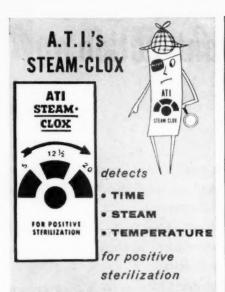
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Temperature alone is not enough to kill infectious bacteria. Nor is steam alone or time alone sufficient. Sterilization requires the combined action of all three! Time-Steam-Temperature. Be sure your sterilizing indicator reacts to all three. Demand that it be capable of signaling to you the presence or absence of all three of these essentials. Remember, not all indicators do this!

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### LETTERS

continued from page 23

not be able to function without the part-time professional and practical nurses. We have a fine staff and no one is overworked. We all have our assignments, and, if necessary, help each other. Professional and practical nurses work happily together as a team.

ARLENE F. SCHULTZ, R.N. WORTHINGTON, OHIO.

### EXCELLENT INVENTION

Dear Editor:

Thank you for the July article concerning Maurine Ricke, R.N.. and her invention, the narcotic counter. I have had the pleasure of using this device and I think it's a wonderful gadget.

LORRAINE STEIN, R.N. BROOKLYN, N.Y.

### ENTHUSIASM

Dear Editor:

We nurses look forward each month to your informative and up-to-date articles on pertinent nursing subjects.

I want to extend particular commendation to Dorothy Errera for "What Can YOU Do About Hepatitis?" in the March issue, and to Helen Arnold for her practical comments on nursing research in the June issue.

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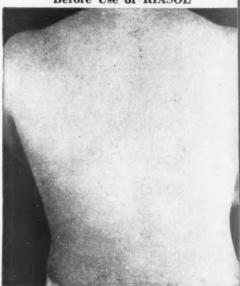
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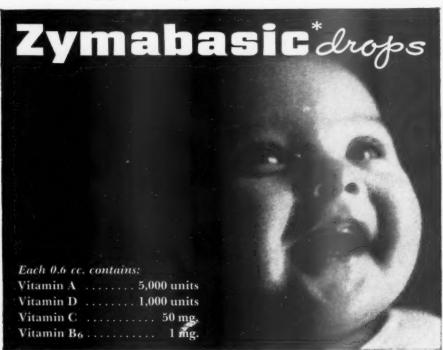
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INSTRUMENT DATA: The latest net price list for hospitals, issued by J. SKLAR MANUFACTURING Co., is offered. Included are net prices in dozens for the standard pattern instruments usually purchased in quantities by hospitals. G-2

GLOVE CARE: Here's a wall chart, of particular interest to central supply and ORS nurses, which provides useful data on the care and sterilization of surgeon's gloves, Wilson Rubber Co. G-3

BANDAGE SPRAY: Spray-Band is a liquid, spray-on bandage which dries quickly into a transparent, flexible film for minor cuts, burns, abrasions, lacerations, blisters. A descriptive folder is offered. Schuco Industries, Inc. G-4

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ANTICOAGULANT: "Which Anticoagulant in Coronary Disease—and Why?". That's the title of a booklet available through G. F. HARVEY Co. Included are tables, charts, question-and-answer sections. G-6

ELECTROLYTE BALANCE: This booklet, entitled "Hydration in Relation to Infant Nutrition", is a discussion of water balance in the infant, in relation to the electrolyte value of the nutrients contained in Bremil, an infant feeding product of Borden's Prescription Products Division. G-7

DRESSINGS: This concerns the special indications in which medicated or non-adherent dressings are preferred to the more conventional wound coverings. The folder includes a check list of the features and qualities which nonadherent dressing should provide, Professional Products Division, Chesebrough-Ponds, Inc.

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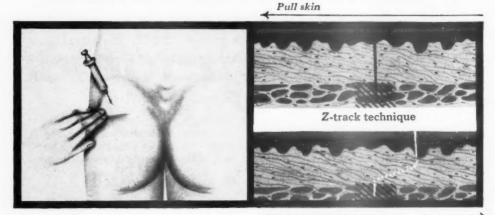
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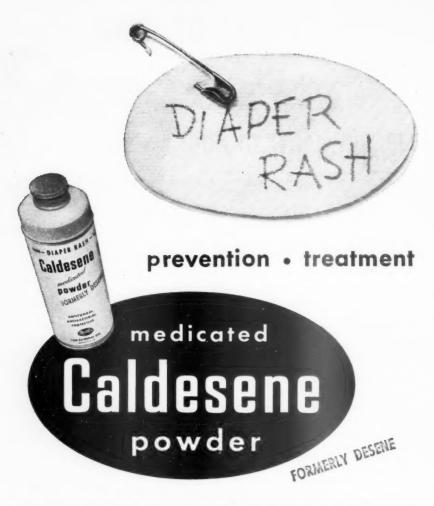
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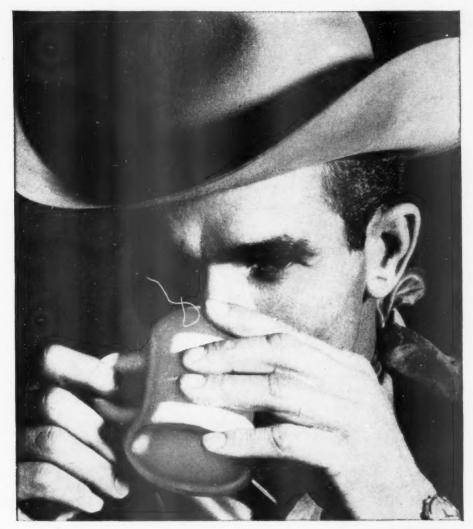
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# 'Jargonitis'-a curable disease

Though the students of Swarthmore's Laurence Lafore may regard their history professor as an obstacle to their free expression, I, for one, believe that a medal should be struck in honor of his one-man crusade against jargonitis.

A list of words and phrases that Professor Lafore prohibits his students from using may be found in the August issue of *Harper's*. Included in his forbidden list are many of the abstractions that have been getting in the way of nurses' understanding since the profession's exposure to higher education or—more specifically—to the social sciences. For example:

Dichotomy; explore (in the sense of look into); frame of reference; implement (as a verb); level (as a noun in any but the physical sense); structure (as a verb); ideate; correlative; and the pretentious Latin fellow-travelers, such as status quo and ipso facto. Among many we could add to this list are motivate, methodology, and integrate.

Ever since man first felt the need to communicate with his fellows, the desire to improve such communication has challenged his ingenuity. Whether the communication has taken the form of a fire blazing from a mountain crag to alert the ancient Greeks to an approaching enemy ship, or a crude semaphore system to flash the news of Napoleon's flight from Elba, or the written words in Lincoln's Gettysburg Address, the aim of communication has been mutual understanding.

Along the West Coast of Africa, drums are still the major means of communication. The drummers have become so proficient that they not only reproduce signals but, by tone and rhythm, convey whole sentences. Yet to understand the drums, the natives must know their tribal language.

What of *our* "tribal" language in nursing? Does it allow us always to understand each other? Unfortunately, no. We all belong to the same tribe, hear the same drums,

but too often can't interpret the message.

Jargonitis is not, of course, a fatal disease. Every profession and trade develops some jargon that adds vitality to its expression. At least a few of the words and phrases so used have no appropriate equivalents and thus serve an essential purpose. But the kind of jargon that now infects us threatens to choke coherent communication.

Nurses understand the jargon of medicine that labels a patient, for example, as a "case," an "acute belly," or a "T.&A." But when so many of our teachers, authors, and convention speakers superimpose on this medical jargon the jargon of the social scientists, nurses generally may neither understand it nor want to.

The profession will have gained maturity when its leaders become known as such for their depth of thinking and clarity of expression rather than for their mastery of gobble-degook. Let's not mistake ponderosity for scholarship or take esoteric jargon as a sign of true knowledge. In the name of communication, let's communicate—not just imitate.

-ALICE R. CLARKE, EDITOR

al

In the opening essay in "The Yearbook of Modern Nursing 1956" (G. P. Putnam's Sons, New York), Lucile Petry Leone, one of many contributors to the volume, says: "It is paradoxical that, at a time when the patient-nurse relationship is increasingly recognized as a therapeutic instrumentality, one should find that professional nurses spend less time with patients." She then goes on to imply that team nursing is the answer to total patient care.

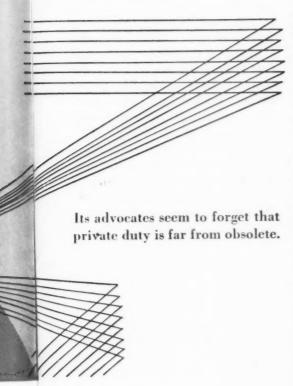
Now, I have a great respect for Mrs. Leone and for her contributions to nursing literature. And I would agree that the team theory is fine if it worked. But does it?

My own investigations, personal experiences, and contacts lead me to believe that team nursing is far from a satisfactory solution to total patient care. Its failure, I believe, is due largely to a spirit of competition, rather than of cooperation, among the various levels of nursing personnel; and this lack of unity precludes full implementation of the team theory in actual practice.

Although devotion to the teamnursing idea seems to be almost unanimous among the profession's leaders, the yearbook offers one tacit admission that a weakness exists. In the report entitled "A Study of Changing Hospital Relationships," Edith M. Lentz says, "Acceptance of nursing auxiliaries

What's Wrong with the 'Team' Theory? by Jessie S. Neider

was not universally found. While professional nurses were frank to admit that the auxiliaries had been a great help during the war years, they implied that the aides worked primarily for wages and without the sense of high calling which a good nurse brings to her tasks. Two elements seemed to complicate the relationship between nurses



and auxiliary workers—one was what might be termed status anxiety, and the other the nurses' lack of preparation for supervisory duties."

In my opinion, team nursing wouldn't be practical even without these complicating elements. As long as there are sick people, there will be many to whom continuous, moment-by-moment nursing by a well-trained professional nurse will mean the difference between life and death.

In theory, the team leader is responsible for directing the care of patients according to each individual's need and for giving professional care to those who require special attention. So she and the supervisor make a nice plan which specifies exactly who shall do what.

But in actual practice, what happens? In the first place, the team leader is usually overloaded with responsibilities. Then, some member of her team becomes ill (or just fails to show up for work). Assignments have to be adjusted and hastily re-scheduled. The admitting office calls to say that an acute coronary is on the way to her division. Minutes later, another critically ill patient is admitted. (This is not fiction; every nurse knows that such circumstances occur frequently.)

So what happens to the nice plan? Often it is scrapped, everyone flies about, and auxiliary workers are found doing tasks for which they have not been prepared. Not until a "special" has been called and has arrived, do members of the team breathe sighs of relief. But what if there were no "specials" to be called?

According to the 1956 yearbook, private duty ranks second among nursing's occupational fields with 18.9 per cent of all active R.N.'s so engaged. Yet after a diligent search of the entire volume. I can find only three paragraphs devoted

to private duty.

In one of them there is this statement: "It is clear that a large part of the future of nursing lies in the broader and richer fields of industrial and public health nursing, where the rewards are greater in satisfactions and financial returns, as well as in opportunities for advancement."

I challenge that part about "satisfactions." Surely, such a large percentage of professional nurses would not remain in the private duty field today—when so many other nursing jobs are availableunless they were satisfied.

Job satisfaction in private duty nursing is further indicated by the fact that many in this field hold advanced degrees and are therefore qualified for teaching and supervising positions; yet they appear to prefer the true professional satisfaction to be found in giving total patient care—and only in private duty does such care now seem to be possible.

Contrary to the belief that "specialling" is an area for the older nurse, or the poorly qualified one, or the retired R.N. who wants to "refresh," the private duty nurse of today must be able to take charge in any crisis. She is truly the physician's right hand. As such, she must be conversant with all new techniques, drugs, and equipment.

Practically all patients receiving private duty care today are critically ill. Seldom do they retain a special nurse beyond the critical period. Many of them can truthfully say that without this special care they would not be alive-for even the physician's skill cannot always replace the moment-bymoment care of the well-trained

professional nurse.

In view of all this, I am inclined to be disturbed by the blithe way in which private duty nursing is dismissed, and team nursing emphasized, in the aforementioned yearbook. (Incidentally, before purchasing it. I was assured by the publishers that it contained "a résumé of nursing in all its aspects.") Its list of contributors is impressive, including many of the profession's "big names." Among them are editors, educators, deans, and officers of various nursing organizations-but not one active practicing nurse. I realize that these contributors are supposed to be the spokesmen for nursing; but are they voicing the felt needs and opinions of all nurses or merely their own theories?

It seems to me that much of what the theorists call "status anxiety" is nothing more or less than a reluctance on the part of many professional nurses to surrender their real function-bedside careto the subprofessional. It is difficult for the institutional nurse of today to establish rapport with her patients. To the sick, nursing means service—not, as one patient put it, "Someone who comes around with a book to write down our complaints." Technical skill and supervision can never be a substitute for the nurse-patient bond.

Despite differences of opinion among us, this relationship is of vast importance to the patient (who, after all, is our first consideration). Hence, it should be fully explored and evaluated—not dismissed as a minor matter.

Even if the present *method* of "specialling" seems obsolete, the special care of certain patients is vital, and some mechanism should be devised for the integration of it into our modern plans for total nursing care.

#### PROBLE



"SHE COULD HEAR A PIN DROP!"

# ALCOHOLISM:



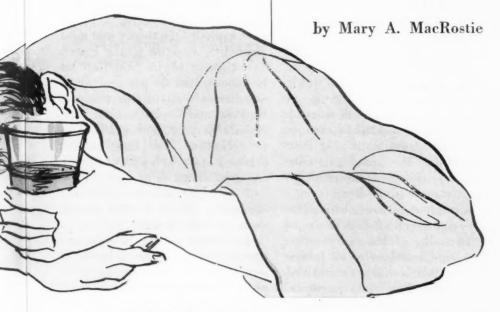
Alcoholism, enshrouded for centuries in superstitions and misconceptions, is now recognized as a disease by many medical and psychiatric authorities.

Acceptance of this fact has paralleled the growth of a movement begun less than twenty-five years ago when a certain alcoholic overcame his addiction. According to his doctor, this man's next drinking bout would have been his last. Fortunately, he stopped in time. There was no 'next bout.'

Paradoxically, the halt was really a giant first step—for this self-rehabilitated man presently helped another to achieve sobriety; and, in so doing, he happily noted that he had strengthened his own. Having learned how much they helped each other, these two

# Etiology Undefined; Prognosis Excellent

1:



men founded Alcoholics Anonymous, which today has a member-ship of 230,000 men and women whose influence is being felt throughout the world.

Following the quiet birth of this fellowship in 1934, other groups began to investigate the malady. Within a few years, Yale University's Laboratory of Applied Physiology developed an alcohol studies

department; and in the mid-Forties came the launching of the National Council (originally the National Committee) on Alcoholism, a voluntary nonprofit health agency with a three-phase program of public education, research, and service. Although other universities and agencies have since undertaken research and control programs, those of Yale and the NCA

are the best-known and the most comprehensive.

Alcoholism is now generally recognized as a chronic, progressive, irreversible disease that cripples its victims with a physical sensitivity to alcohol and an emotional compulsion to drink. Today, however, ample evidence exists that the progress of the disease can be arrested; alcoholics can be helped.

Similar to both tuberculosis and diabetes in that its onset may be unobserved for some time, this insidious disease can develop quickly—within a few months—or slowly over a period of years. It can afflict teen-agers as well as men who never drank until after their retirement. The majority, however, are affected in the years between youth and old age.

Not only does alcoholism strike every age group; it attacks people in all walks of life: corporation presidents, members of all professions, skilled as well as semi-skilled and unskilled workers, students, housewives—anyone anywhere. regardless of color, national origin, and social or economic status.

Much time has been spent investigating the theoretical causes of alcoholism. Unhappy childhood, teetotaling or alcoholic parents, and various other background factors have been considered as possible common denominators. Yet much more research would have to be done before any of these

theoretical causes could be proved as definitive. Quite likely all of them, and many more, influence the development of the alcoholic; for the disease's victims come from happy as well as unhappy homes, and many have had parents who were moderate social drinkers.

Research by the National Council on Alcoholism, plus Sara Harris's book, "Skid Row, U.S.A.," have exploded the theory that most alcoholics wind up in the gutter. Investigation of the Skid Row set has shown that 86 per cent of its members are already professional beggars and social misfits who claim that they cannot afford to live elsewhere. For these people, drinking is as much a part of living as panhandling.

These facts riddle the myth that alcohol is what knocks people down and out. Actually, only 12 to 15 per cent of the alcoholic population of this country are to be found on Skid Row. Moreover, only 14 per cent of this Skid Row segment are there because they drink; the other 86 per cent drink because they are there, a quite different phenomenon.

Recent statistics list alcoholism as our third most prevalent disease. Four and a half million Americans, all in the active stage of the disease, are living among us, making some attempt to keep up appearances and to remain apparently integrated members of their families and communities. Eighty per cent of these people are employed. Yet, according to the National Better Business Bureau, they cost our economy more than a billion dollars a year in labor turnover and absenteeism from their jobs because of the al-

coholic is a financial drain on his relatives—first for the liquor consumed, later for loss of income, and finally for care and attempts at rehabilitation. In extreme cases, there is the pitiful disintegration of personality, the immeasurable loss of affection and respect, the sever-

"Rarely have we seen a person fail who has thoroughly followed our path. Our stories disclose, in a general way, what we used to be like, what happened, and what we are like now."

—Alcoholics Anonymous

coholism that incapacitates them.

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"If any other disease affected four and a half million of our citizens," says Psychiatrist William C. Menninger, "a national emergency would be declared."

Startling as these figures are, there is hope. Through education, more and more of the younger alcoholics are being rehabilitated each year. As one authority says, "The opportunity is becoming more frequent to help the alcoholic who still has a high standing in his community." The opportunity is a limitless one.

Nearly every American is affected in some way by this disease: in his family, his close personal friendships, or his business. There is said to be at least one alcoholic, often undiscovered, in every business and social circle. The cost in suffering is incalculable, and not only to the victim. Often the al-

ing of happy relationships, and often the bitter experience of poverty because the individual can't fulfill his obligations.

We would once have called such a person a failure. But today we know alcoholism as a disease; and working to arrest its progress is a responsibility of every adult.

The failure belongs to us all if we do not utilize the broad new concepts now available for helping the person sick with alcoholism. Most authorities now admit that temperance movements and prohibition are not the answer.

For the nursing profession, the most immediate keys are care, understanding, and knowledge of the truth.

The patient suffering from this disease is usually admitted to the hospital with some or all of the symptoms of acute alcoholic poisoning: dehydration, diaphoresis,

delirium tremens, convulsions, or hallucinosis.

Vitamin starvation, another endresult of a protracted period of compulsive drinking, can also be present in various forms, such as polyneuritis and cirrhosis of the liver; for alcohol is all calories and no vitamins. In addition, the alcoholic may have lacerations and fractures, incurred perhaps without his knowledge during alcoholic amnesia.

For the first day or two he may be difficult to handle; additional nursing or auxiliary help may be necessary to prevent him from injuring himself or others. Often he is placed automatically on the critical list upon admission.

The alcoholic's physical recovery is frequently phenomenal. Massive doses of vitamins, the use of tranquilizers and intravenous fluids, a balanced diet, and, last but not least, abstinence from alcohol work wonders in most cases.

In a very few days, he is out of bed, visiting other patients, pacing the halls, and asking the nurse "Is there something I can do?"

Why this need for activity? Because when liquor is removed from the alcoholic's life—even temporarily—it leaves a vacuum that was once filled with hours, days, and weeks of drinking and its related activities.

The best possible activity for the alcoholic at this time is talking.

The nurse can help him immeasurably by listening and (if she knows that he is ready for help) by offering sound suggestions.

Sick as the patient may be physically when admitted, he is even sicker mentally and emotionally. Hence, his recovery (i.e., permanent sobriety) must be based on physical, mental, and spiritual rehabilitation.

Completely sober and without his "anesthesia," the alcoholic patient is remorseful, guilt-ridden, and full of questions. He probably doesn't even remember the chain of events that brought him to the hospital.

He expects to be rejected and condemned, for criticism has always been his family's reaction in the past. Indeed, this family attitude may well have precipitated one bender after another, each more desperate than the last. Now the victim realizes that he's approaching the end and that continued drinking may mean loss of his sanity—even his death.

With the medicine the nurse gives him, she can add a kind word. If the patient replies with an expression of guilt or a reference to the reason for his admission, some such non-critical remark as "You're much better now; you've been very sick" will earn his eternal gratitude.

Not every alcoholic the hospital nurse encounters can be easily rehabilitated; but in the course of giving hospital care that includes therapeutic kindness on her own part, she will find many who are ready for rehabilitation.

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Convinced of the nurse's interest in him, the alcoholic will probably begin talking. If the nurse can then "not to drink, just for today." In a matter of days or weeks, the compulsion to drink will often subside: he will then see that life without alcohol is both a happy answer and an attainable one.

Now may be the ideal time to brief the patient on Alcoholics

"His only solution is that of renunciation, and such a sudden discarding of what has become a major portion of his life calls for . . . a positive substitute."—R. L. Jenkins, M.D.

add, "You have a disease, but it can be arrested if you want it to be," she may be opening the way to a new life for him. Probably he has never before been told that he has a disease. So many people have called him "no good" that he has probably come to believe it. The nurse may be able to provide the first ray of real hope.

If the disease concept is news to him, he will be even more surprised to learn that it wasn't his last drink but his first that sent him into the tailspin. He needs to realize that it's the alcoholic's first drink that triggers the mental compulsion to go on drinking.

To insist that he abstain from alcohol for the rest of his life would be too large an order for the patient to accept. How could he live without it, he'd ask.

Sound alcoholic rehabilitation is based on teaching the alcoholic

Anonymous. If he agrees to see a member of AA, the nurse can call the local group and ask some member to visit him. The empathy one alcoholic feels toward another has kept hundreds of thousands sober for years.

If the patient still has family ties—if his family has not disowned him—the nurse can help further by talking to his relatives. They may still consider him a "weakling," a "moral degenerate," or a "plain drunk." His years of suffering have left scars on his family also. The informed nurse may be able to unite the patient and his family with new understanding by explaining the disease concept, the fact that he is ill, and the nature of his illness. In so doing, she is in a strategic position to

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This R.N. is an authority on the care of respirator-bound patients for she has personally experienced their long struggle for ...

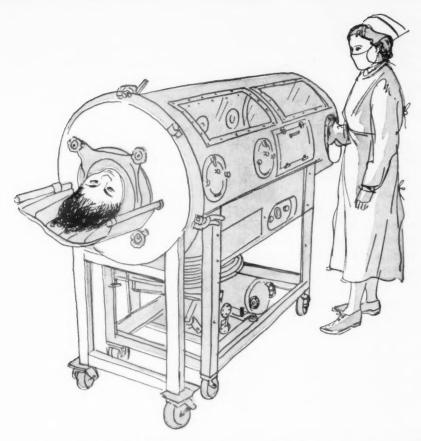
## Freedom to Breathe

by Elizabeth Morgan

There are certain terrifying experiences in life through which we, as nurses, must lead others—those for whom there is no path except the one pointing straight through the center of the experience. One such experience is the "weaning" process which the respirator patient faces in becoming independent of his tank-like apparatus. Here the nurses's complete empathy is not only needed but needed desperately.

Yet what nurse can imagine the terror in a patient's mind at the very thought of being cut off from the respirator's life-sustaining action? I can—for I've lived through the experience as a patient.

In my opinion, it is next to impossible for an individual, no matter how strong willed, to accomplish alone the feat of freeing himself from the respirator for any length of time. Moreover, I believe that some individuals have been forced to remain in a respirator merely because no one was available to provide the right kind of help at the opportune time.



As a professional nurse, you may find yourself called upon at any moment to provide such help—help that is quite unlike any you've attempted before. And here your understanding of the patient's state of mind must be complete; for only by the imaginative projection of your own consciousness into that of the respirator patient can you carry out your professional role in the weaning process.

But how does one achieve this extraordinary kind of empathy?

The answer is, by extraordinary

use of one's mental faculties. Thus:

Visualize yourself in a nightmare world—the kind of world you encounter only in your dreams. (There is no other way to approach the respirator patient's state of mind, because life in a respirator comes closer to being a nightmare than to being anything else.) Life moves around you in this nightmare world, but you never quite become a part of it. Situations ap-

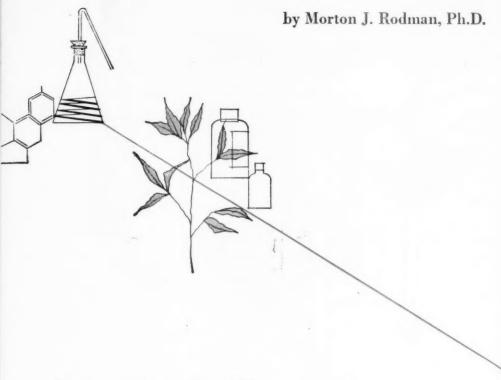
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# Drugs for the Depressed

In every era and stage of cultural development men have fought fatigue and spurred flagging spirits with brain-stimulating substances. The primitive Indians of Peru chew leaves of the coca plant, source of the nervous-system stimulant, cocaine. In this country, the annual consumption of caffeine-containing beverages (coffee, tea, cocoa, and kola) is close to twenty pounds per capita. The popularity

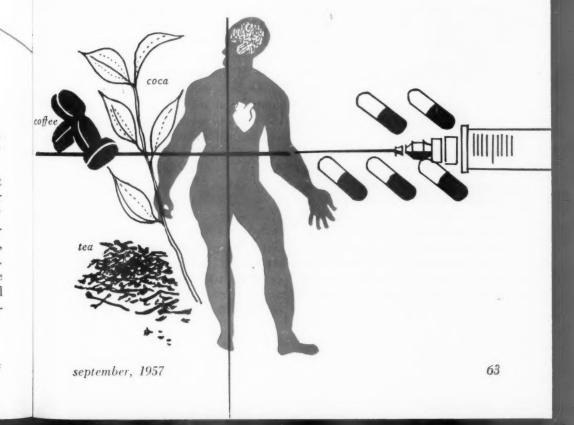
of these drinks stems largely from the mild mental stimulation they afford.

Until recently, doctors did not share the layman's enthusiasm for central stimulants and found few medical uses for them. Their dangers and disadvantages were many, their benefits few for most patients. Some, such as strychnine, cause convulsions in relatively small overdosage: the transient excitement produced by others is often followed by prolonged depression.

Given in doses high enough to stimulate centrally, many of these drugs act adversely at peripheral sites to induce annoying side reactions. Caffeine contained in coffee, for example, can increase gastric gland secretion, producing pain in peptic ulcer patients. Heart palpitations and other cardiovascular effects follow coffee-drinking in some caffeine-sensitive people.

For many years, such side effects have limited the use of stimulating drugs mainly to emergency situations in which their potential ill effects were outweighed by their ability to restore failing respiration and circulation. For such purposes, and for rousing patients narcotized by overdoses of depressant drugs, these analeptics must be administered in amounts that would cause convulsions in people of normal nervous sensitivity.

Now, however, newer drugs have been introduced that work more subtly. These psychomotor stimulants often act to raise the spirits of patients who are emotionally depressed (but otherwise well) without producing significant side effects; and recent research with them has uncovered clues to the nature of brain biochemistry that









may lead to drugs of even greater specificity for treating the more serious mental and emotional disorders.

Nervous-system stimulants are commonly classified as if they acted on but one central site: brain stem, cerebral cortex, or spinal cord. True, small doses may selectively stimulate a single area especially sensitive to the drug. But hyperactivity produced in one part of the cerebrospinal axis tends to spread rapidly to adjacent areas. Thus, administration of a brainstem stimulant, such as picrotoxin or pentylenetetrazol (Metrazol), is likely to increase nervous activity at higher and lower motor areas also.

This accounts for the typical clonic-tonic convulsions that occur when Metrazol is employed to induce seizures in the shock therapy of mental disease. (Clonic movements, characterized by rapid contraction and relaxation of muscle groups, result from overstimulation of higher centers; tonic spasms, which occur with the spread of stimulation to the spinal cord, consist of massive muscular contractions continuing for comparatively prolonged periods.)

Such tonic or "tetanic" (tetanuslike) convulsions are typical of strychnine poisoning. This plant product, still in wide use as a drug and as a rodenticide, is a common cause of accidental poisoning in children, who may ingest "mouse seeds" or "rat biscuits," or swallow a handful of candy-coated cathartic pills containing strychnine. Accidents of the latter type are especially tragic, as strychnine has little laxative action and should have no place in the rational management of constipation. The use of strychnine as a bitter tonic is also unwarranted in view of its potential toxicity and because much more effective substances

are available for increasing appetite and digestive secretions.

Strychnine acts primarily as a spinal stimulant; it tends to increase the excitability of the spinal cord to incoming sensory stimuli. Due to this heightened sensitivity, stimuli ordinarily too slight to produce a reflex response may set off powerful motor reactions after strychnine.

Persons poisoned by strychnine must be protected from loud



#### CENTRAL NERVOUS SYSTEM STIMULANTS

OFFICIAL GENERIC OR CHEMICAL NAME	PROPRIETARY NAMES		
Amphetamine sulfate U.S.P.	Benzedrine Sulfate		
Dextro-amphetamine sulfate U.S.P.	Dexedrine Sulfate		
Methamphetamine HCl U.S.P. (Desoxyephedrine HCl)	Desoxyn; Efroxine;		
Ephedrine sulfate U.S.P.	Desyphed, et al.		
Racephedrine HCl N.F.			
Caffeine U.S.P.			
Caffeine and Na Benzoate U.S.P.			
Pipradrol HCl N.N.R.	Meratran HCl		
Methylphenidate HCl N.N.D.	Ritalin HCl		
Phenmetrazine HCl N.N.R.	Preludin		
Pentylenetetrazol U.S.P.	Metrazol, Cardiazo		
Picrotoxin N.F.			
Nikethamide U.S.P.	Coramine		
Strychnine (and its salts) N.F.			
Brucine sulfate			
	Amphetamine sulfate U.S.P. Dextro-amphetamine sulfate U.S.P. Methamphetamine HCl U.S.P. (Desoxyephedrine HCl) Ephedrine sulfate U.S.P. Racephedrine HCl N.F.  Caffeine U.S.P. Caffeine and Na Benzoate U.S.P. Pipradrol HCl N.N.R. Methylphenidate HCl N.N.D. Phenmetrazine HCl N.N.R.  Pentylenetetrazol U.S.P. Picrotoxin N.F. Nikethamide U.S.P.		

#### Miscellaneous central stimulants:

The following substances act directly or reflexly to stimulate the C.N.S., in ways which may be therapeutically useful or merely a source of untoward reaction: Aromatic spirits of ammonia, atropine, brandy, camphor, cocaine, cyanides, ergot alkaloids, lobeline, menthol, methetharimide (Megimide,) nicotine, thujone (absinthe), theophylline, theobromine, et al.

noises, bright light, and other sensory stimuli by being kept in a dark, quiet room during treatment. Because efforts to empty the stomach by emetics or gastric lavage may precipitate seizures, these measures are best postponed until reflex hyperexcitability has been aborted. This may best be accomplished by intravenous administration of barbiturates of the short-acting type. These drugs prevent convulsions by dampening the hyperirritability of spinal neurons sensitized by strychnine.

Despite the antidotal effectiveness of barbiturates in strychnine poisoning, the reverse situation is not true; strychnine is less effective in stimulating barbiturate-depressed medullary centers than are several other drugs that act more directly at the vital nerve nuclei which control respiration and circulation.

Picrotoxin, an East Indian plant principle, is one of the most potent of such stimulants; its ability to reduce the depth of drug depression and stimulate respiration may be life-saving in really severe barbiturate poisoning. Because toxic doses of picrotoxin are required and its onset of action is rather slow, care is needed lest repeated doses result in an accumulation of the antidote sufficient to cause convulsions despite the barbiturate depression. Such seizures may dangerously deplete the depressed pa-

tient's already meager reserves of energy and oxygen.

Some physicians are opposed to the use of picrotoxin or any other analeptic, claiming that such drugs do more harm than good, the endresult being an increase in anoxia and respiratory depression. These doctors advocate conservative medical management of poisoning by barbiturates and other depressants. This involves administration of oxygen, fluids, antibiotics, and various other types of supportive agents.

Pentylenetetrazol (Metrazol), though less potent than picrotoxin, has a wider safety margin. Because of its rapid onset of action and quick detoxification, it is preferred to picrotoxin in the treatment of depression resulting from overdosage with most hypnotic drugs.

Although not quite as effective as picrotoxin against the most deeply depressed barbiturate states, Metrazol is more often indicated. It is frequently administered in an "orientation" dosage to help determine the depth of depression; often, no further analeptic treatment is required, since Metrazol alone may quickly restore motor reflexes and increase the rate and depth of respiration.

Nikethamide (Coramine) is generally considered less potent

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#### IPRONIAZID (Central Stimulant)

PROPRIETARY NAME: Marsilid

PHARMACOLOGY: Introduced originally for tuberculosis, this drug was found to stimulate the central nervous system and increase weight and vitality. These actions are proving useful in treatment of mental depression in psychiatric patients and in others with chronic, debilitating illness such as rheumatoid arthritis.

DOSAGE: The average adult dose is 50 mg. t.i.d., but this may be adjusted downward to 50 mg. daily after several weeks when beneficial effects have developed.

UNTOWARD ACTIONS: Overdosage causes hyperactivity, insomnia, and increased muscle tone. Such signs indicate need for reduction in dosage to avoid possible psychosis or convulsions. The drug should not be withdrawn suddenly, as a withdrawal syndrome may occur.

#### PIPRADROL HYDROCHLORIDE N.N.R. (Central Stimulant)

PROPRIETARY NAME: Meratran Hydrochloride

PHARMACOLOGY: Pipradrol is a mild stimulant of the cerebral cortex effective in elevating the mood of some depressed patients. The drug also appears effective in counteracting fatigue following organic disease, and as an adjunct to more specific treatment in chronic illness and old age.

DOSAGE: Amounts vary considerably depending on the condition and the patient's response to the drug. Most adults begin with 1 mg. t.i.d., which may be raised to 2 mg. or more if necessary.

UNTOWARD ACTIONS: Overdosage may evoke feelings of anxiety, insomnia, and anorexia. These reactions are more rare and less severe than with the amphetamines; nor do the effects of the latter drugs on the cardiovascular and respiratory systems ordinarily occur with pipradrol.

#### DRUG DIGEST



METHYLPHENIDATE HYDROCHLORIDE N.N.D. (Central Stimulant)

PROPRIETARY NAME: Ritalin Hydrochloride

PHARMACOLOGY: This new psychomotor stimulant tends to improve the mood and behavior of withdrawn, apathetic psychoneurotic patients and others suffering depression and fatigue. It helps overcome excessive lethargy in oversedated patients and consequently is often combined with barbiturates, antihistamines, reserpine, and chlorpromazine.

DOSAGE: An initial dose of 10 mg. t.i.d. is usual, but this may be adjusted in accordance with the patient's need and response.

UNTOWARD ACTIONS: Jitteriness, insomnia, and anorexia occur occasionally but are less common and less severe than with the amphetamines. Use of the drug by itself is contraindicated in agitated patients. While heart rate and blood pressure are generally unaffected, the drug should be used with caution in cardiovascular disease.

#### PHENMETRAZINE HYDROCHLORIDE N.N.R. (Anorexigenic)

PROPRIETARY NAME: Preludin

PHARMACOLOGY: This central stimulant is used primarily for depressing the appetite in order to reduce food intake in the management of simple obesity. It is an adjunct to low calorie diets and other weight reducing measures, not a substitute for them.

DOSAGE: Usually, 25 mg. one hour before each meal is adequate, but this may be adjusted to the needs of each patient.

UNTOWARD ACTIONS: Hyperexcitability, insomnia, and cardiovascular overstimulation may occur but are quite rare compared to the incidence of similar reactions with the amphetamines. However, the drug should be used with caution, if at all, in patients with a history of acute coronary disease, hypertension, and thyrotoxicosis. Dryness of the mouth is the most common side effect.

She is a wife, mother, and homemaker; but to the many students, parents, and teachers of Mission, Texas, she is their beloved . . .

# OLLIE O'GRADY school nurse

by Freddie Milam Saunders

Down here in Mission, Texas—a Mexican-border town of 12,000—we are justly proud of Ollie O'Grady, our school nurse.\*

She was introduced to us seven years ago at a general meeting of public school teachers. After the meeting, the principal of one of the schools spoke a word of welcome to the new nurse. Her reply was both simple and prophetic. "I'm here to help you," she said.

\*Mrs. O'Grady (see cut) is the former Ollie Drake who graduated from the Frances Ann Lutcher Hospital, Orange, Texas. Today, we are convinced that the secret of her success lies in those few words.

Implicit therein is the recognition that a school health program should be an integral part of the educational system—not a separate function. All health activities should contribute to certain educational goals, some immediate, some long-range. We want a child to be healthy in mind and body so that he can currently benefit from the academic program. But



we also want him to be learning healthful living so that he won't be hampered in adulthood by preventable health handicaps. Our nurse recognizes both these goals in all she does.

An effective program such as Mrs. O'Grady conducts is a fusion of many factors, not the least of which is the personality of the nurse. That our nurse is well-grounded in professional knowledge and skills goes without saying. She likes people—especially

children. She is a happy, well-adjusted individual—a wife, a mother, a homemaker, a church worker. She is cheerful, diligent, and a firm believer in doing for one's self as far as possible; and she expects these attitudes from others. Her black curly hair, green eyes, and rosy complexion go nicely with her name. She is known by all the 3,000 children in the Mission school system; and more to the point, she knows them.

A junior high boy glows when

she commends him for having kept an injured classmate quiet and covered as a precaution against shock while awaiting the arrival of help. A little Mexican girl shyly shows the nurse the place where an ant stung her, explaining, "Miss, the little animal, he eat me." A small boy, who has been cared for several times after being hurt in playground skirmishes, seems to have found the nurse so comforting that, on having a little difficulty with his teacher, he begins to wail, "Take me to the nurse." High school girls welcome the question-and-answer sessions she conducts to help them understand better their own growing-up.

Mrs. O'Grady is such a part of school life in Mission that even the little pre-schoolers recognize her in her blue-and-white uniform. Recently, one youngster came home from a pre-school roundup enthusiastically reporting that the participants included "that lady that wears the same dress every day."

One teacher, when asked what she thought were the functions of a school nurse, said, "I'm not a nurse, so I don't feel qualified to judge. All I know is I like what our nurse does. I'd say the function of a school nurse is to do what Mrs. O'Grady does!"

Well, what does Mrs. O'Grady do? What is this program that suits all of us so well?

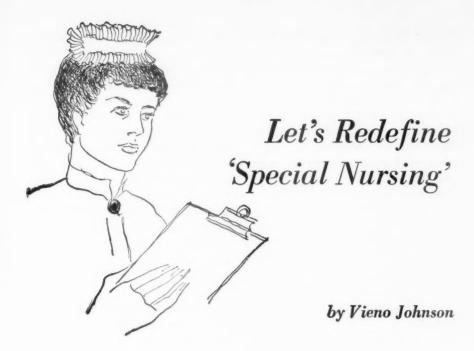
Even though we have only the

one nurse for eight schools, she manages to provide health services that are remarkably comprehensive. First, there is a planned schedule of observation and tests designed to help carry out established goals. Each child is weighed and measured annually and his rate of growth assessed. Hearing tests, using the audiometer, are given in the first, third, fifth, eighth, and eleventh grades. Eye tests, using the Snellen E-chart, are given in the second grade; fourth, seventh, and ninth graders are checked with the Keystone telebinocular. The nurse considers that eve tests in the second grade, when the child is launched on his long career of learning by reading. and again in the seventh, when a newly developed difficulty paralleling adolescence may be uncovered, are particularly important. Dental inspections in the first and fifth grades complete the schedule of testing.

It has been noticed that when a child is not doing well in his school work, one of the first things his teacher wants to know is whether he sees and hears as he should. Hence, the nurse is always ready to give a special test at any time.

Results of all tests and observations are recorded on a cumulative health record card. When testing

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Call it "private duty," if you wish. Or "free lancing." Or "per diem nursing." The fact remains that it's still "special nursing" (or "specialling") to thousands of R.N.'s everywhere.

According to my unabridged dictionary (Webster's), the adjective "special" means "Distinguished by some unusual quality; uncommon; noteworthy; extraordinary."

When I repeated this definition to a friend who has devoted her life to "specialling," I stirred up a hornet's nest.

"Our work may be 'noteworthy' or 'extraordinary' according to Mr. Webster," she told me, "but not according to some of the nursing directors we run up against. In their opinion, it's the lowest form of nursing. Many of them seem to feel that no one does specialling who has the brains to do anything else. Often they ignore us completely—until they get sick themselves; then they comb the registry list, trying to remember the name of that nurse everybody says is the best special in town."

Twenty-five years ago, student nurses were being told that "special nursing is on the way out." Years later, when early ambulation, the so-called "miracle" drugs, and the recovery room came along, the prediction was repeated. Yet today, instead of being obsolete, the special nurse is going strong the country over.

Official statistics show that out of 430,000 individuals actively engaged in professional nursing in the U.S., some 74,000 are still listed as private duty, or special duty, nurses.

Among these 74,000 are many who have seen special nursing change greatly in character over the years, particularly since World War II.

"When I graduated, back in '32," a Chicago R.N. remembers, "the only specials doing private duty were the obstetrical nurses. They worked for a few obstetricians and were booked months in advance. Today, I don't know a single private duty nurse who specializes on OB. But many, like myself, are specializing in other branches of nursing.

"My own forte is postoperative care of neurosurgical patients. I work for two of the city's leading neurosurgeons. They book me in advance, and I work only for them. Being a specialist, I don't have to take what comes along. The doctors recognize my worth. They make me feel important by telling me that the outcome of their work depends on the nursing care I give. I didn't know what job satisfaction and security were till I began to specialize."

A Boston nurse, who specializes in the care of patients following head and neck surgery, says she feels exactly the same about her work. "Patients who've had a 'Commando' (as we call this surgery) are frightening at first," she explains. "But how they do need nurses who aren't scared! It's hard work, but I love the sense of satisfaction it gives. The patients make it satisfying by showing their confidence in me: and when the surgeon comes into the room, his smile seems to say, 'Everything is under control with this nurse on the case'."

These are not isolated examples. Go into any large hospital or medical center today and you'll her nurse-specialists speak with similar enthusiasm of the highly skilled care being given to patients who have undergone lobectomies, pneumonectomies, and cardiac surgery—all of which have become almost as commonplace in recent years as the removal of an appendix.

In one such hospital—to which patients come from all parts of the world for surgery of the heart and lungs—the knowledge and experience of a corps of special nurses are considered to be as important as antibiotics and transfusions. "Without these nurses," a staff surgeon told me, "my work would be impossible. If I had to carry the responsibility alone, I couldn't get a night's sleep."

Psychiatric nursing is another field in which nurses must now be highly skilled and specialized. So great is the demand for such nurses in the New York metropolitan area that a registry (Psychiatric Nurses Bureau Agency) has been set up in Manhattan to provide the services of carefully selected R.N.'s.

Today, many a private duty nurse is as much a specialist in her field as the doctor for whom she works is in his. Like him, she has increased her knowledge and skill in a given area of patient care by limiting her practice to that specific area. This trend toward specializing has changed private duty nursing in many respects. But in one respect it remains wholly unchanged: it is still bedside nursing.

Bedside care is what patients need, have always needed, and will continue to need. Those who contend that "There's no future in bedside nursing" overlook the skilled care that today's special nurses can give.

There may have been a time, years ago, when the word "special" for the private duty nurse wasn't quite accurate; but today, the dictionary definition, "Distinguished by some unusual quality; uncommon; noteworthy; extraordinary," does precisely fit many in this field of nursing.

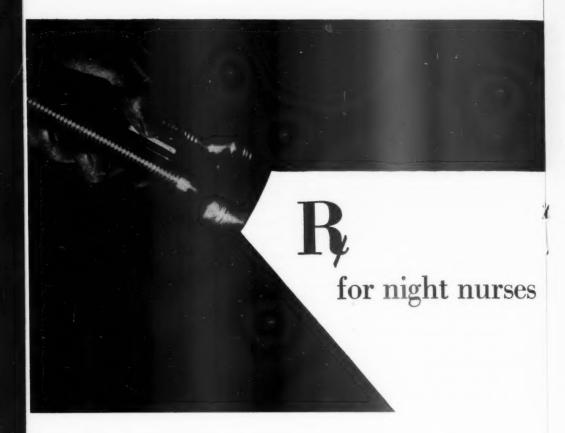
#### Tribute to a Hospital

As a storm-beaten ship with tattered sails Slips safely into a quiet harbor, So I enter into this peaceful place And lay my pain-racked body down To be ministered to by the kindly Hands of women in white.

Here are no storms, no blazing Sun, no driving rain; Here is rest, hope, quiet, and release from pain.

Then, as a ship with bright new sails
Goes bravely back to sea again,
I pass through these portals, into the world of work,
Thankful for the safe haven of a hospital.

-Anna J. Buttrey



In the introduction to her excellent book, Night Nursing, (F. A. Davis Co., Philadelphia, 1940) Catherine E. Reilly, paraphrasing a familiar poetic line, offers an astute comment concerning the hospitalized patient: for him, she notes, "The day has a thousand eyes; the night, a thousand ideas."

His ideas, however, are unlike those of the healthy individual who nightly indulges in "thinking before sleeping." An author, for example, may profitably lie awake planning his next novel; an advertising man, his next campaign; a lawyer, the argument he will use in court next morning. The patient, on the other hand, invariably devotes such pre-sleep cerebration to negative rather than positive thoughts—to worries, fears, and anxieties. Uprooted from his home, he feels insecure in his present environment, especially during the night hours when his uncertainties become magnified and he finds it difficult to relax.

Your duty as his nurse is to cope with these causes of sleeplessness, which usually are of an emotional nature. If you can get him to talk, it may mean the difference between a good night's rest and insomnia. Is he worried about a pending operation, a lengthy hospitalization, a treatment that he thinks will be painful? Your reassurances can minimize his fears—and possibly banish them.

Frequently, your patient is worrying about a test he's scheduled to have in the morning—and imagining the worst because all he's been told about it is its name. To him, "icteric index test," or "guaiac test," or "glucose tolerance test" may sound rather appalling. Hence, a brief, intelligent explanation on your part is indicated. Once he understands that the pending procedure is a simple and painless one, he'll view it in a new light. "Oh, is that all!" he'll say; and before you know it, he'll be asleep.

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True, words and explanations won't always suffice; but don't overlook your other resources: a warm, encouraging smile; a friendly pat on the arm; a fresh drawsheet (or a tightened one); a clean "johnny"; a good, soothing backrub. And what a blessing it can be just to have that pillow fluffed! Even Grandma's old standby—a glass of hot milk—may be effective (if permitted). Remember, too, the matter of adequate ventilation—for

a stuffy room will often hinder sleep.

By attending to such small details ("tricks of the trade," a craftsman would call them), you not only provide your patient with material comforts, you also inspire his confidence in your technical skills. Thus, you'll find it easier to administer a hypodermic should that ever be necessary. (Incidentally, as every experienced night nurse knows, neither a hypodermic nor a second barbiturate tablet will remedy sleeplessness in every instance.)

With supervision reduced on the night shift, the nurse must often act on her own initiative. At 3 A.M., for example, a man convalescing from abdominal surgery may complain of pain in the calf of his leg. "An aspirin will do the trick," he tells you-as indeed it might for a muscle strain. But perhaps he's experiencing thrombophlebitis. In any event, instead of rushing to the medicine cabinet, you'll do wisely to observe his condition and report any questionable symptoms to the night supervisor immediately. In such circumstances, your good judgment and prompt action may prevent serious complications.

Very often it's "the quiet ones"
—the patients who don't ring for
the night nurse—who actually need

by Shirley Hope Alperin

her services the most. Some may be too weak to move, or otherwise unable to reach the call button; some are simply too reluctant to ask for attention between midnight and dawn. Yet a genuine need frequently exists among such patients, and for this reason rounds should be made several times during the night. Do it noiselessly, however, with your flashlight shaded and not beamed in the patient's eyes; also, make sure that his bell cord is accessible to him.

Some physicians order analgesics every four hours for the first postoperative day; others specify p.r.n., leaving administration to the discretion of the nurse. If one of your patients with an unusually high pain threshold is drowsy and apparently comfortable, by all means check with your superior about a round-the-clock order—for too much sedation can have dangerous effects.

It goes without saying that a healthy relationship with your colleagues is of paramount importance. Here, much will depend upon your basic knowledge of your job—as well as upon your willingness to cooperate. Merely because a patient has a private nurse doesn't mean that you can detach yourself completely from his care; the R.N. in charge of a floor is responsible for every patient on that floor. Occasionally you'll be asked by "specials" to check a Wangen-

steen suction, an I.V., a transfusion, or some other procedure; and by cooperating with these nurses you'll find that they'll likewise cooperate with you.

On night duty, you'll probably have a rather high turnover in helpers. A new aide or a young student will have greater respect for you if you explain the correct way of doing things in a calm, pleasant voice; and a good assistant can help you immeasurably by taking over some of your bedside duties while you attend to your charting and your other paper work.

Remind your assistants (and yourself) that it's the "little things" that mean so much to the patient. Nurses are apt to forget, for example, that sick people are acutely sensitive to odors; hence, by subtly deodorizing a room with an air freshener, and by making sure that all drainage bottles are disinfected after being emptied, you can boost many a patient's morale.

Similarly, your own appearance can benefit your patients. Night nurses sometimes tend to be careless about the neatness of their uniforms, caps, or shoes because staff scrutiny at night is less marked than it is during the day. A patient, however, may well feel "let down" if his night nurse isn't as meticu-

continued on page 104

# Is YOUR School Here?

Alumni associations and class secretaries have asked for R.N.'s help in contacting graduates of schools of nursing listed below. If your school is listed, please send your maiden and married names, year of graduation and present address to the person indicated.

SCHOOL OF NURSING	CLASS	CONTACT	REASON
Good Samaritan Hospital Portland, Ore.	All	Esther Horton 2164 N.W. Lovejoy Portland, Ore.	Records Homecoming
Francis E. Willard Hospital Chicago, Ill.	1907	Anna Nelson Elliott 540 N. Division St. Appleton, Wis.	Correspondence
Nanticoke State Hospital Nanticoke, Pa.	All	Lovelia Blythe 243 Park Ave. Wilkes-Barre, Pa.	Records Homecoming Oct. 19
Sinai Hospital Baltimore, Md.	All	Bertha Wegad 3725 Marmon Ave. Baltimore, Md.	Records Homecoming Oct. 24-26
St. Anthony's Hospital Pendleton, Ore.	All	Elma Straughan Rte. 1, Box 203 Pendleton, Ore.	Records Reunion Oct. 12-13
St. Barnabas Hospital Newark, N.J.	All	Alumni Office St. Barnabas Hospital Newark, N.J.	Records Dance Oct. 5
St. Joseph's Hospital Denver, Colo.	All	Doris Aldrich 1895 Franklin St. Denver, Colo.	Homecoming Oct. 12
Westmoreland Hospital Greensburg, Pa.	All	Patricia R. Fink Westmoreland Hospita Greensburg, Pa.	Records
Wilson Memorial Hospital Johnson City, N.Y.	1947	Frances Wilmot 70 Howard Ave. Binghamton, N.Y.	Reunion Sept. 28

14

Teaching a blind woman how to prepare for motherhood gave this visiting nurse the world's best reason for being an R.N.

# My Most Satisfying Assignment

by Ruth Martin

Her name was Kay Jones. She had been blind from birth, and was expecting a baby—her first—within seven weeks. Her husband, also blind, had a factory job in their neighborhood, a district I covered as a public health nurse for a voluntary agency.

Their circumstances came to my attention by chance when I encountered the young wife's mother on a routine neighborhood visit. The mother, fearing that her blind daughter would not be able to cope with the problems of infant care and presuming that she, herself, would be obliged to take full charge, obviously wanted our help. I could promise her nothing except that I would call on the parents-to-be.

After consulting my supervisor and receiving her approval and encouragement, I found my way to



their home—a small dwelling tucked away in a back yard off a busy street. As I mounted the steps, I heard a fine voice raised in song—a voice that expressed such a rare quality and a depth of happiness that I felt as though I were intruding as I rang the bell.

When Kay Jones appeared before me with a smile on her face, the words I'd intended to say failed me completely. Speechless for a moment, I awkwardly introduced myself. "Oh, yes," she replied, still smiling, "Mother said you'd be around to see me. Do come in."

Leading me into a small, neatly arranged living room, where a piano and a guitar attested to musical interests, the young mother-to-be eased my misgivings about the delicacy of the subject I had come to discuss by going straight to the heart of the matter. Her

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mother, she told me, need have no fear of being involved in the care of the child; the young couple not only planned to assume their full responsibilities as parents but felt confident that they could succeed—with, perhaps, a little preliminary instruction in infant care.

Without much urging, the young woman told me that she had been educated in schools for the blind. had done well scholastically, loved to sing, and had met her husband—an accomplished pianist while she was in charge of a booth. operated by the Institute for the Blind, at the factory where he worked. Their mutual love for music. together with their mutual affliction, had been strong bonds that had culminated in their marriage; and in this little home they were helping each other to lead happy, normal lives.

After further conferences at the nursing office, it was decided that I would start immediately giving Mrs. Jones daily instructions to enable her to care for the baby after its arrival.

So, day after day, I guided her hand as it felt gropingly for the face of the life-size doll which I used for teaching purposes. She decided she would bathe the baby on the kitchen table: hence, I set up a tray with all the needed essentials, each in a given place. Before I would have thought it possible, she became adept at tilting

the doll's head at just the right angle so that no soap could run into its eyes, and in supporting the head and back properly to prevent injury. In a very short time, she was going through the whole bathing procedure with the assurance and smoothness of a practiced mother.

When we came to formula preparation, she suggested that she learn to measure the ingredients by listening to the sounds of the liquids as they were poured into the nursing bottle. But I felt that this would be chancing matters. So. after a bit of shopping. I found a set of metal containers of one-. two-, and four-ounce capacity: and by feeling the metal change temperature as the containers were filled with warm milk or warm water, she soon learned to measure any required quantity for a given formula. As for its sugar content. she was as able as I in leveling a measuring spoon with a knife. Thus, if her doctor deemed breastfeeding inadvisable, she was all set to handle the formula-making problem.

As visit followed visit, we became better acquainted, and I was amazed by her skill in handling her everyday chores. Occasionally, her husband reached home while I was there, and I learned by talking with

continued on page 124

# Every Day a New Day

by Loraine Cook

Not without good reason is the patient noticeably self-centered. His ailment, his condition, and his progress are uppermost in his mind; and, being human, he becomes intensely interested in his treatments, his medications, his sutures (and when they will be removed), his diet, and his previous night's rest. Furthermore, he expects his nurses to have a similar depth of interest in everything with which he, himself, is concerned.

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This poses a problem for every conscientious nurse—be she staff nurse, head nurse, supervisor, instructor, public health nurse, school nurse, industrial nurse, or private duty nurse: How can she develop an attitude that will help her fulfill the patient's expectations? How can she avoid those pitfalls which tend to depersonalize everyday nursing? How can she prevent nursing from becoming routine?

Let every day be a new day. With a new-day attitude comes a

buoyancy of spirit, a new outlook on life, and most important of all, a new approach to personalized patient care.

Modern nursing practice tends to widen the gap between caring for the patient's physical needs and caring for the patient himself as a human being. Even so, the dedicated nurse, justly proud of her professional responsibility, constantly seeks to make the patient more comfortable. Her solicitude stems from her attitude: she is genuinely interested in the patient—from his own viewpoint.

It stands to reason that a nurse cannot be expected to show the same kind of enthusiasm that a patient may exhibit about, say, a bowel movement. Yet the fact remains that even such a simple event as the resumption of normal function represents far more than a mere sign of progress to a post-

Continued on page 98

### NEWS

#### Schools Get Federal Funds For 200 Traineeships

Forty-four colleges and universities offering courses in public health nursing will award a total of 200 government-sponsored traineeships to nurses during the academic year 1957-58, according to the Public Health Service, which announced recently that grants totalling \$632,888 have been made to the institutions to cover these awards. Purpose of the traineeship program, now in its second year, is to help relieve shortages in state and local public health agencies.

#### Tennessee Cracks Down On Nursing Homes

New regulations governing licensure and operation of Tennessee's 225 to 250 nursing homes went into effect recently, giving state health officials added police power over—among other things—the admission of patients, administration of medicines, and the provision of adequate nursing service. Proprietary homes that fail to comply with the new legal requirements—including those relating to the elimination of fire hazards and unsanitary conditions can be forced out of business, according to the state health commissioner, who now has six inspectors in the field instead of three.

#### NAPNE, Purdue Planning Five-Year Project

National Association for Practical Nurse Education and Purdue University plan to co-sponsor a five-year program, starting next summer, to prepare professional nurses for posts as administrators and instructors in schools of practical nursing. Twenty-five to thirty-five fellowships, worth \$1,000 each, would be awarded annually for a fourteen-week course at the university. Plans call for the raising of a \$500,000 fund to underwrite the program.

# Diet Study Seeks Cause of Coronary Deaths

Can the death rate from coronary attacks be cut by a reduction in the intake of fats? Seeking the answer to this question, New York City's Health Department recently launched a long-range study in which 5,000 middle-aged men, vol-

unteers from business and professional life, may eventually participate.

Half the volunteers will be 50-to-55-year-olds who have never had a coronary heart attack; the other half will be men under age 50 who have had only one such attack—a recent one. All who are accepted as volunteers must agree to observe faithfully certain prescribed dietary rules until they reach age 65. Periodic check-ups will provide data for progress reports on each group and for final evaluation of the study.

It is hoped that the project will lead to the development of a public health approach to the prevention of heart disease.

#### No Longer Drudgery?

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Nursing is not the drudgery it once was, according to Mary Louise Steinke, former president of the National Association of Student Nurses, because aides and orderlies take on much of the leg work and thus leave graduate nurses free for duties that require more professional technique.

The 22-year-old nurse, who was graduated recently from the Kai-

ser Foundation School of Nursing in Oakland, Calif., also thinks that this system, once it is more generally accepted by hospitals throughout the country, will eventually relieve the shortage of nurses.

What's a nurse's most important attribute? Miss Steinke says it's the ability to exude confidence. "That's the real professional air," she says. "I don't have it but hope to acquire it after I have had more practical experience."

#### New York Court Voids Hospital Immunity

New York's highest court ruled recently that a hospital is not immune to suit for either the "medical negligence" or the "administrative negligence" of an employe. Heretofore, the courts in that state have drawn a fine distinction between the two-holding the attending doctor liable for medical acts, and the hospital liable for administrative acts. Confusion has frequently resulted, not among doctors, nurses, and hospitals but also among the jurists themselves.

In the past, for example, the

courts have held that the use of an improperly sterilized needle for a hypodermic injection constituted administrative negligence, whereas the improper administration of a hypodermic injection constituted medical negligence.

Similar distinctions have been made concerning the use of a hot water bottle: Placing an improperly capped bottle on a patient's body was deemed administrative negligence, whereas negligence in keeping a hot water bottle too long on a patient's body was considered a medical act.

In wiping out all such distinctions, the New York decision had the effect of completely demolishing the immunity rule which hospitals in that state have been granted for many years. "Hospitals' liability," said the court. "must be governed by the same rules of law as apply to all other employers." Legal authorities point out. however, that the individual nurse may still be held responsible for an act of negligence if the patient decides to sue her as well as the hospital.

In the past twelve years, the courts in some thirty states have re-examined their previous rulings in the matter of hospital liability. Last year. Ohio's Supreme Court ruled that charitable organizations (including hospitals) could be held liable for employe negligence. "The average nonprofit hospital of today," said the court, "is a large, well-run corporation, and, in many ways, is so 'businesslike' in its monetary requirements for entrance and in its collection of accounts that a shadow is thrown upon the word 'charity'."

#### Here Are New Reasons

Asked to write a short essay on the subject, "Why I Want to Become a Nurse," a red-headed miss in elementary school gave these reasons:

"I want to become a nurse when I grow up so I will be able to give my husband a black eye and fix it up myself, so he won't have to go to a doctor and pay a bill for it. Besides, with my red hair I think I will look good in white."

#### Poison-Control Centers to Exchange Data

To aid in the control of accidental poisoning, the Public Health Service has established a national clearinghouse for the exchange of prevention-treatment data among the country's sixty-seven local poison-control centers. The new unit also plans to encourage more communities to set up such centerswhich reportedly are needed to cope with an increasing case-load attribuited mainly to the large number of potentially poisonous household products now on the market.

Local centers serve as information sources in emergencies, making toxicity data available to doctors twenty-four hours a day. One such center—New York City's—is said to have handled some 12,000 cases of accidental poisoning in the past two years, with half of the case-load involving children.

#### **Books for Foreign Schools**

To fill priority appeals for new American nursing texts from nine nursing schools in Latin America, India, Israel, Korea, Malta, and Pakistan, CARE is trying to raise \$2.322.

Though many more nurses' institutions are on the waiting list, the nine are those whose current training programs are most seriously hampered. Contributions in any amount may be sent to CARE Nurses Book Fund. 660 First Avenue, New York 16, N.Y. All donations will be acknowledged and donors of \$10 or more will have their names placed on a bookplate inside each volume for which they send money.

#### Student Visiting Rooms

Six visiting rooms have been opened for use by student nurses at Philadelphia General Hospital. They'll afford a measure of privacy to students when they entertain friends and members of their families. "Such privacy was lacking in the large day room at the Nurses' Home," says Dr. F. Lloyd Mussells, the hospital's executive

director, "and the critical shortage of nurses demands that we do everything possible to attract students."

The rooms were built in an unused first-floor laboratory and were furnished from a \$1,600 fund raised by the city-owned hospital's 40-member Women's Committee. Each has been carpeted and furnished with a settee, one or two lounge chairs, drapes, and tables.

#### Demand To Increase, Practical Nurses Hear

The increasing importance of the practical nurse in health improvement was emphasized by Philip E. Ryan, executive director of the National Health Conference at the Sixteenth Annual Convention of the National Association for Practical Nurse Education in Atlantic City.

Citing the growing demand for health services, Mr. Ryan pointed out that the U.S. population in 1970 will exceed 200 millions. Research, health insurance, better economic conditions, and public education are stimulating increased demand for good health services. he added.

Mr. Ryan called upon the practical nurses and their schools to do more recruiting; to experiment in training; and to work closely with other professions and with comnunity agencies to increase interest in careers in health. [MORE]



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His views were supported by Alice K. Leopold, assistant to the Secretary of Labor for women's affairs, who added that opportunities for qualified practical nurses are expected to be many and varied. She pointed out that their services are needed in hospitals, nursing homes, private homes, and that new opportunities will exist in industry and public health agencies as well.

Another convention speaker, Dr. C. E. Turner, Chief Advisor to the International Union for Health Education of the Public, graphically described the tremendous saving of human life which has resulted from progress in medicine and other sciences since the turn of the century. "There would have been nearly 2,000,000 more deaths in this country last year if we had had the death rate of 1900," he said.

#### New Bracelet Conveys Medical Warning

"They ought to be labeled," doctors have often said about diabetics, epileptics, and people who react adversely to certain drugs. But how to label them?

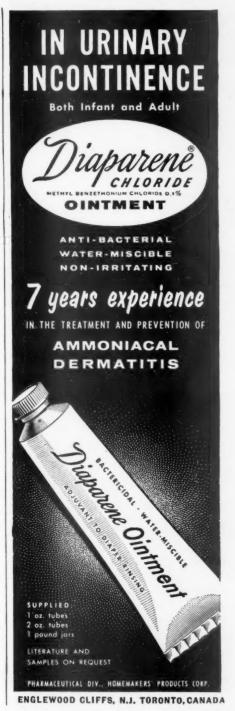
Dr. Marion C. Collins' answer is a sterling silver or stainless steel bracelet with the words "Medic Alert" on one side. The other side carries an appropriate medical warning. The bracelet is being actively promoted not only by physicians but by civil defense agencies, the San Francisco police department, and the Royal Canadian Mounted Police. The California physician formed the Medic-Alert Foundation to manufacture and sell the bracelets. The foundation's surplus funds are used to supply the bracelets at cost.

#### X-ray Study Utilizes Manikins

Life-size manikins, stuffed with material of the same density as the human body, are being x-rayed at Duke University in a study to determine exactly how much radiation various parts of the body absorb during any given x-ray treatment or diagnostic procedure. The project is being conducted with the aid of a \$34,000 grant from the National Cancer Institute, U.S. Public Health Service.

By mapping intensity of radiation at different body depths and at different skin sites, radiologists hope to establish accurate tolerance guides that will insure a greater safety margin for patients who must receive large doses of radiation. This mapping procedure is said to be necessary because x-rays tend to scatter and spread. During a chest x-ray, for example, a slight amount of radiation may reach the feet.

Data from the study are also to be used in developing a record system which eventually will enable a doctor to tell at a glance the total amount of radiation any part of a patient's body has received from x-rays taken over the years. [MORE]



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#### Quantity Not The Answer?

If there were no nursing shortage, would the caliber of nursing care be improved? According to a recent survey of sixty U.S. hospitals, the answer is "no."

Margaret G. Arnstein, chief of public health nursing for the U.S. Public Health Service reported on the survey at the Association of Western Hospitals meeting not long ago. The number of nurses at each hospital was increased, she said, so every patient was able to get maximum attention. Even then, medical staffs did not think the nursing care was necessarily better than before.

#### ABOUT PEOPLE

Margaret S. Hargreaves resigned her post as editor of the American Association of Industrial Nurses Journal to enter the industrial health field as an independent consultant . . . Vieno Johnson. a frequent contributor to R.N.. was appointed assistant to the executive director of The Iran Foundation, New York City, a voluntary agency affiliated with the Shiraz Medical Center in Iran . . . Evelyn Hamil, a member of the ANA's board of directors, is the new director of nursing services and education at Los Angeles County General Hospital. Los Angeles . . . Alice Rines has been named head of the department of nursing at Colorado Woman's College, Denver . . . Ruth Addams, deputy director of nursing service

R.N.—a journal for nurses

for the Veterans Administration, was the recent recipient of VA's exceptional service award . . . Mildred L. Bradshaw, former president of the National Association for Practical Nurse Education, has been named president-elect of Pilot International, distaff version of Rotary and Kiwanis . . . Cover girl on a recent issue of Amerika, Russian-language monthly printed in this country for distribution in the Soviet Union, was Helen Harding Aldisert, 22, a graduate of St. John's Hospital School of Nursing, Cleveland . . . Dr. Mary K. Carl, faculty member of the University of Maryland School of Nursing, has been appointed a consultant to the surgeon general of the Air Force.

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#### Home Nursing Classes Via TV

Home nursing classes—via television—were offered recently in Memphis, Tenn. The series of sixteen programs, which started late last April, was sponsored by the Memphis Community Television Foundation and the Memphis-Shelby County Red Cross Chapter.

Advertisements urging people to see the programs were placed in supermarkets, department stores, and on buses. About 2,000 people in the viewing area of WKNO, the educational television station carrying the series, registered for the classes. They were assigned to various locations where they met for a series of two-hour practice ses-



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sions to supplement the televison programs. The sessions were supervised by thirty registered nurses who had taken refresher courses.

#### Architectural Experiment: A Circular Hospital

More hospitals in the future are likely to be circular in design, according to various architects and administrators who contend that nurses and doctors, stationed at the center of a circular unit which is equipped with glass doors and partitions, would be able to provide better patient supervision than is now possible. An experimental twelve-room unit of this kind. which is now under construction at the Mayo Clinic, Rochester, Minn., will reportedly place each of twelve patients within eleven feet of the centrally located station used by nurses and doctors.

#### Task Force to Inventory Health Manpower

A new federal fact-finding agency, the Task Force on Health Manpower, has been set up in Washington to undertake a national inventory of personnel in all fields related to health care. Nursing leaders, among others, will reportedly be called upon to assist in the survey, which informed sources say will encompass all aspects of health manpower, including recruitment, training, and the needs of the armed forces. Organizationally, the task force will function as a unit of the Office of Defense Mobiliza-



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tion, with Dr. Leslie W. Knott of the Public Health Service as its chairman.

#### CAPSULES

ON RETIRING as president of the American Medical Association, Dr. Dwight H. Murray stated that the country has "no over-all doctor shortage." He admitted, however, that in some areas M.D.'s are poorly distributed, and that a scarcity of general practitioners exists in urban as well as rural communities.

A THREE-WEEK SEMINAR in physical rehabilitation methods for nurses, scheduled for Oct. 21-Nov. 8, is being offered by the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 400 East Thirty-fourth Street, New York 16, N.Y. Total rehabilitation of orthopedic, medical, surgical, and neurological patients will be discussed, emphasizing self-care activities. ambulation, and elevation. The seminar will be repeated twice during 1958: Jan. 6-24; Mar. 31-Apr. 18.

NEW FEE RATE for private duty nurses in the Chicago area: \$18 for an eight-hour day.

ANNUAL CONVENTION of the National Society for Crippled Children and Adults takes place at the Palmer House, Chicago, Oct. 31-Nov. 2. Speeches, seminars, workshops, clinics, and demonstrations will

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spotlight the newest techniques in the care, treatment, and training of the crippled. The society recently received a grant of \$30,000 from the U.S. Office of Vocational Rehabilitation to aid in a two-year study of the economics of rehabilitation centers.

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GOVERNMENT figures for the first year of the Public Health Service's three-year program of advanced nurse training (for which Congress passed legislation in 1956):

Total number of traineeships awarded, 587.

Ratio of trainees preparing for teaching positions, 50 per cent; for administrative positions, 28 per cent; for supervisory posts, 22 per cent. Breakdown of trainees' employment preferences: 56 per cent prefer posts in schools of nursing; 28 per cent, in hospital nursing service; 16 per cent, in public health agencies.

ANNUAL CONCRESS of the National Safety Council, which is scheduled for Oct. 21-25 in Chicago, will include a varied program arranged especially for the sessions of the council's Occupational Health Nursing Section.

REORGANIZATION of the American Committee on Maternal Welfare, approved by its board of directors last December, has brought about changes in the name, role, and character of the organization. Re-



# Nursing Careers at

## Morristown Memorial Hospital

Unusual garden-type apartment residencies for nurses, offering 2- and 3-bed-sitting rooms, with shared kitchenette and bath.

Eight-hour day, 40-hour week.

Merit increases every six months for a period of five years.

Three weeks' paid vacation, four weeks' paid vacation after three years.

#### Morristown, New Jersey

Accepts nursing school graduates on temporary basis prior to their state registration.

Opportunity for advanced study at several nearby universities.

Write Director of Nursing Service

cently, at its Seventh American Congress on Maternal Care, the committee officially became the American Association for Maternal and Infant Health.

THIRD Regional Conference of Catholic Nurses is scheduled for Oct. 12-13 at the Blackhawk Hotel, Davenport, Iowa. State groups participating are those of Iowa, Minnesota, Missouri, Kansas, Nebraska, Colorado, Utah, Wyoming, and New Mexico.

TORONTO sources report that the Canadian Nursing League, seeking government subsidies for nursing education, has undertaken a two-year, \$40,000 study of some twenty hospital schools to determine how

much it costs to educate nurses. Also envisioned as a result of the study is a plan to provide for national registration instead of the present province-to-province licensure. Canada's R.N.-census is currently placed at 50,000.

A REPORT covering the first detailed study of patients in proprietary nursing homes has been published by the U.S. Public Health Service. Entitled "Nursing Homes, Their Patients and Their Care," it is available for 40 cents from the Government Printing Office, Washington, D.C. According to the PHS, "it gives the most complete information so far compiled about the age, sex, and disabilities of patients in these homes."



# Nurses Everywhere Agree:

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Only Viceroy smooths each puff through 20,000 filters made from pure cellulose—soft, snow-white, natural!









KING-SIZE

NO WONDER so many nurses smoke and enjoy Viceroys! Change to Viceroy and you'll agree... Viceroy has the smoothest taste of all!

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september, 1957

continued from page 83

operative or postnatal patient; indeed, from the individual's viewpoint, it may well be an occasion for personal (and even family) rejoicing—with the news proclaimed to visiting relatives and friends as the happiest kind of omen. In such circumstances, an expression of sincerity from the nurse ("Oh, I'm so glad!") at least reveals some personal interest in the patient's progress.

Acquiring the patient's viewpoint is not always easy; but it can be greatly facilitated in most every case by letting each day be a new day—a fresh beginning. By adopting this policy, the nurse automatically places herself in the same frame of mind as her patient, for whom each day literally becomes a new adventure as he follows his progress from sickness to health.

We nurses overlook the fact that treatments, medications, and procedures which are "old stuff" to us may be surprisingly new to a patient—so new, in fact, that an explanation is indicated to allay his fears and apprehensions. Thus, even here, the fresh viewpoint which the patient brings to a situation can help to make the day's work more interesting, more stimulating, more challenging.

The growing trend toward depersonalization could seriously affect many a patient. Hence, as individual nurses, we have a professional obligation to re-evaluate our personal attitudes—and to renew, if need be, our concern with the little things that so greatly concern the sick person: Has he had a good night's sleep? Is he worried about an apparent lack of progress? Is he as comfortable as he might be? Does his food taste appetizing to him? Is he apprehensive about some test his doctor has ordered?

Renewal of interest in such matters requires only one thing: a fresh outlook. And a fresh outlook—as easy to don as a fresh uniform—comes naturally to those who regard each new day as a new opportunity for service. «»



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#### No more glass tubes to break

SURGILAR envelopes end the broken glass hazard...no more nicked sutures or glass slivers...no punctured gloves... no glass in laundry...nonirritating tubing solution all ensure better patient care.

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Just slip out the coil...and it's ready! SURGILAR saves you 33'3% preparation time...eliminates reel kinks and weak spots...gives surgeons stronger, more flexible sutures... protects needle points and cutting edges better.¹
SURGILAR sharply reduces suture damage and waste... stores in half the space...costs no more than gut in tubes.¹

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#### abdominal cradle

#### maternity supports

To meet today's demands . . . of doctors, nurses and their prenatal patients . . . Camp has created lightweight additions to its basic line of scientific maternity garments. Designed to embody the best features of scientific support for which Camp has been respected for half a century, these garments offer the expectant mother the special Camp reinforced supporting feature upholding the lower abdomen extending over hips to back (the abdominal cradle) and Camp's exclusive expansion adjustments.



Camp's hook expansion . . . five rows of tapering eyes with hooking side adjustment.



Camp's curved side lacers for convenient adjustment during growth in pregnancy.



JACKSON, MICHIGAN

continued from page 72

indicates difficulties, proper referrals are made and the nurse confers with the parents.

Conducting these tests and keeping the records would seem like a full-time job for one nurse, but Mrs. O'Grady does more—much more. Each week she spends a day or a half-day, depending on the size of the school, in each building in the system. Thus, she is regularly available as health consultant for every teacher.

Mrs. O'Grady maintains that the foundation of her entire program is to be found in the classroom. Home-room teachers in all elementary schools carry on regular instruction in healthful living. This teaching, plus their daily observation of their pupils, is the first line of defense. With this foundation, the special services of the nurse are meaningful and effective. While Mrs. O'Grady is meticulous in avoiding suggestions that would interfere with administrative or academic functions, she is a great help to the teachers by supplying information and visual aids on health subjects. The coordination of work by teacher and nurse is a source of pride to us.

To say that our nurse avoids interference with the academic program is not to say that she does not teach constantly. She considers each contact with a child a teaching opportunity. As she

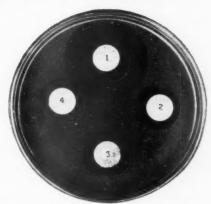
# New Weapon Against Staphylococci

New soap germicide proved more effective than hexachlorophene against staphylococci, other skin pathogens.

● Today's new kind of Lifebuoy soap contains an important new advance in soap germicides. This soap germicide, even more effective than widely-publicized hexachlorophene, is tetra-methyl-thiu-ram-disulfide—usually abbreviated to TMTD.

Independent laboratory tests have shown that 1% TMTD-Lifebuoy is considerably more effective than 2% hexachlorophene soap in reducing resident skin bacteria, comprised principally of taphylococci. Further testing proves TMTD-Lifebuoy extremely effective against a wide range of other skin pathogens relatively unaffected by hexachlorophene.

For a full report on the medical significance of TMTD-Lifebuoy, and a free full-size sample cake, mail in the coupon below.



Staphylococci. A comparison of 3 germicidal soaps and a control soap in inhibiting growth of Micrococcus pyogenes var. aureus on a nutrient agar plate. 1. 1% TMTD-Lifebuoy—large marked zone of inhibition. 2. 2% hexachlorophene soap—little inhibitory effect. 3. 2% Bithionol soap—little inhibitory effect. 4. Control soap—no inhibitory effect.

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	llowing free <b>Lifeb</b> uoy m ree sample bar of new	
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cleanses, a cut on the arm of a small boy, she talks along: "First we clean it with alcohol. Then we paint it with this pretty red medicine. Then we cover it up with this clean white cloth. Now, isn't that nice?" And she hopes the child will remember this when he is hurt at home.

When a youngster gains too much or too little since his last weighing, she talks with him and his parents about his eating habits. Parents' bulletins discuss specific problems (colds, sore eyes, etc.) at times when they are prevalent. The child with lice in his hair is taken, not sent, home. The nurse shows the mother how to clean the child's head and how to clean the house to prevent reinfestation.

In our area, where a great many parents can't speak English, some nurses consider a command of Spanish essential. Our nurse doesn't think so. She cheerfully communicates with her "two words of Spanish, two of English, and a lot of hand-waving"; when she gets in too deep, there is always some neighbor to interpret. That this is an actual advantage is Mrs. O'Grady's contention; for while she is explaining to the parent that even a clean-looking puncture wound requires a tetanus injection, the interpreter is learning, too.

Our nurse is ingenious in devising ideas for getting things done. One idea is undoubtedly responsible for the high percentage of local adults who take advantage of free chest x-rays offered each

year by the state health department. In each elementary school Mrs. O'Grady posts an honor roll on the office door. The children are not eligible for such x-rays; but each pupil who brings in a tag proving that an adult in his family has been x-rayed may write his own name on the honor roll. With pressure like that, what parent can resist?

Since many people think the chief function of a school nurse is to render first aid in school injuries, I might add that Mrs. O'Grady, wherever she is at the time, is on call for any and all emergencies.

All of us share in the rewards of our school health program. Our teen-agers start eating a proper breakfast. A 13-year-old boy, who hasn't had the energy to be very interested in history and mathematics, gets more encouragement from his teacher when she learns that he has grown five inches in a vear while gaining only seven pounds. There's a look of joy on the face of the girl who, with a hearing aid, is able to hear well for the first time. The second grader, whose visual difficulty had been unsuspected until his test in school, is a better ball player as well as a better reader, and his pleasure in both accomplishments is touching.

Not all results are completely satisfactory or immediate. But progress is being made. The teachers of Mission like what our nurse is doing.

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COMPOSITION: Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



WHITEHALL PHARMACAL COMPANY . NEW YORK, N. Y.

#### NIGHT NURSE

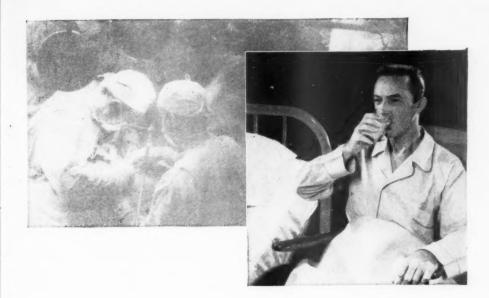
continued from page 78

lous about her appearance as his daytime nurses. He'll be particularly disquieted if your cap isn't where it belongs—on your head!)

Two other suggestions: (1) When you go off duty in the morning, give the day nurse a list of your anticipated needs for the following night—supplies, medications, and linen. This will eliminate the exasperating chore of running to the night supervisor (or to some other floor) every few minutes. (2) In reporting for duty at night, try to arrive at your post at least ten minutes ahead of time. This will help you as well as those you relieve. What's more, they'll love you for it.

For her service during hours when she's especially needed, the night nurse is commonly rewarded with a higher salary than that of her daytime sisters. Yet it's only in the able performance of her duties that true satisfaction lies. «»

PREPLANNED MATERNITY: A Springfield (Ohio) robin chose the window ledge of a hospital labor room as a suitable egg-hatching site; and a Philadelphia mongrel, producing a four-pup litter in a tunnel beneath the old main building of Pennsylvania Hospital, became eligible for lying-in services from the hospital's maternity division.



### Most patients under stress will welcome Ovaltine as part of their diet

Ovaltine provides a wealth of essential nutrients which help the body resist the detriment of stressful states. And Ovaltine's natural blandness combined with good taste makes it especially valuable in many bland diets.

Ovaltine, a soothing, nourishing well-tolerated beverage, is ideal for use in many stress states where stimulating beverages are usually contraindicated.

Patients like Ovaltine hot or cold, at any time of the day.

Three servings of Ovaltine and milk provide:

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Fluorine0.5 mg.	Pyridoxine 0.5 mg
Cobalt 0.006 mg.	Vitamin B <sub>12</sub> 5.0 mcg.
Sodium560 mg.	Pantothenic acid 3.0 mg
Chlorine900 mg.	*Niacin 10.0 mg
Magnesium120 mg.	Folic acid0.05 mg
Manganese 0.4 mg.	Choline 200 mg
Potassium1300 mg.	Biotin0.03 mg
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	CARBOHYDRATE 65 Gm
	FAT30 Gm

\*Nutrients for which daily dietary allowances are recommended by the National Research Council.



### Ovaltine®

The World's Most Popular Fortified Food Beverage The Wander Co., 105 W. Adams St., Chicago 3, Ill. continued from page 61

pear and disappear before you like so many ocean waves. You are powerless to do anything about them. You are tied down. You cannot free yourself. You cannot move hand or foot. Existence itself depends entirely upon the empathy of your nurse.

Lying thus immobilized, you suddenly find that someone is placing a damp, warm towel over your nose and mouth. The towel doesn't cool but becomes warmer with each passing minute. Presently, a two-ton weight begins to settle upon your chest. As in a nightmare, this weight can rest there without crushing your body. Almost at once you realize that, in order to breathe, you must lift this weight with your chest muscles. Within minutes (which seem like hours), you begin to feel that you cannot possibly survive much longer. Then, as the weight and the towel become more and more oppressive, a large feather pillow suddenly falls upon your face.

Visualize yourself in these nightmarish circumstances. Then suppose that the person standing at your side, instead of doing anything helpful, merely pats you and says, beseechingly, "Try to be quiet! Try not to excite yourself!" Would that ease your terror? Would that dispel the frightening aspect of this awful dream—which you now realize isn't a dream at all but the real thing?

How many times could you live through this experience before fearing to go to sleep? How long would it be before you began wracking your mind for thoughts that would put off sleep as long as possible?

Furthermore, suppose you are told by the person presumably there to help you that you must experience this nightmare over and over until you force away the smothering objects through the power of breathing. Would you feel differently if she promised to stay with you when you were tired and frightened?

Then, how would you feel if



Have you tried

### **TASHAN Cream?**

Irritating skin conditions are relieved so quickly it's hard to believe. Chapped hands, dry scaly skin, sun and wind burn...diaper rash, chafing by linens, simple eczema...all respond to the soothing, healing effects of TASHAN Cream 'Roche'.

Tashan combines vitamins A, D, E, and d-panthenol in a non-sensitizing, cosmetically pleasing, absorptive base. Not sticky or greasy. Once you've tried it, you'll want to keep a tube handy for personal as well as for patient use.

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### Beginner

It isn't right to be likened to a kite, but this boy is in the soft, white clouds. He likes today and doesn't fret about tomorrow. All he wants is to get somewhere now. First things first for this tyro, he's training for the grand flight ahead.

Yes, he's a master, faster beginner. He is an S-M-A baby.

Sound Infant Nutrition



Concentrated Liquid Instant Powder

this person you had reason to trust promised to remove the smothering objects—yet didn't? Would you be willing to trust that person's subsequent promises?

Project yourself into these situations and you'll readily see why it isn't enough for the nurse, in caring for a respirator patient, to realize that restlessness, apprehension, and anxiety are physiological signs of anoxia—signs, incidentally, that are no more controllable by willpower than any other physiological response.

As I see it, three basic factors are essential in restoring the respiratory pattern for a patient suffering from paralysis of the respiratory muscles:

First, the patient must be offered

the security that comes only with the knowledge that he can absolutely trust the nurse to remain his faithful companion during each breathing excursion. Second, he needs the assurance that the nurse, through her own complete empathy, will recognize, interpret, and act in accordance with his emotional behavior during the breathing experience. Third, he needs well-timed and tactful encouragement, tailor-made to fit the needs of his own personality.

Thus can the weaning process be successfully managed. Thus can the patient with potential muscular power become independent of his tank respirator. And only thus can you do your part in giving him the freedom to breathe.

### Alternating Pressure Point Pads Prevent and Help Heal PRESSURE SORES



Your threatened and existing cases of pressure sores need not be a problem. APP units will prevent and help heal them.

Body pressure points of patients are automatically changed every two minutes to maintain circulation and prevent tissue tenderness or breakdown. Patients are more comfortable and do not need frequent turning or massage.

Thousands of APP units are now used in general and veterans' hospitals. Units are available for standard beds, respirators and wheel chairs.

For detailed information and clinical reports, write to:



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Manufactured by AIR MASS, INC., Cleveland 10, Ohio



This open decubitis ulcer healed on an APP pad





### put a new ending on this old tale

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Old King Hal has many modern counterparts: executives who entertain . . . husbands who like "good eating," wives who serve "something different" . . . children who like "gooey" sweets. But for each the aftermath is often uncomfortable.

With Gelusil tablets or liquid, however, you quickly, soothingly relieve acute and chronic excessive gastric acidity! And Gelusil helps you manage the gnawing pain of peptic ulcer, too.

Gelusil stabilizes burning gastric acid

within normal pH range, usually in minutes.

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  - · Gelusil is long-lasting
    - · Gelusil won't constipate

Your patients get nightlong, sleepassured protection with new formula Gelusil-Lac. By combining Gelusil's proven antacid action with the buffering effect of high-protein, low-fat milk solids, Gelusil-Lac prevents "middleof-the-night" gastric pain!

there's no laxative in Gelusil . . . Gelusil needs no laxative

### Gelusil®/Gelusil-Lac

100 YEARS OF SERVICE TO THE MEDICAL PROFESSION

continued from page 59

stress the fact that his amazing physical recovery in the hospital is

only the beginning.

Recovery from alcoholism, like recovery from other diseases (e.g., tuberculosis, cardiac conditions, diabetes) necessitates a whole new way of life. To help in this regard, the nurse can encourage the patient's family to attend meetings of AA's Al-Anon family groups, where all concerned learn to understand the problem and to correct their attitudes; as in other major diseases, family attitudes are highly important to the recovery of the patient.

The National Council on Alcoholism has local affiliates, generally known as committees, in fifty-two U. S. cities. Any nurse can refer a patient and his family to the local information centers maintained by these affiliates. Here help is offered in planning a program of permanent recovery through total and happy sobriety.

With its many grave complications, unarrested alcoholism is as fatal as cancer. But with the new medications, continued research, well-informed professions, and above all, the intelligent acceptance of alcoholism as a disease, the prognosis can be excellent.

#### Questions Often Asked

Q. Is there a difference between a drunkard and an alcoholic?

A. Yes. The drunkard chooses to drink and stops when he wants to. The alcoholic is compelled to drink and cannot stop.

Q. Are there many women alcoholics?

A. Yes. A conservative estimate is that one out of every five alcoholics is a woman. Because of the social stigma attached to the disease by the uninformed, many women hide their alcoholism too long.

Q. What is meant by the term "potential alcoholic"?

A. Strictly speaking, anyone who drinks is a potential alcoholic. But,

### On or off duty

Use Neutrogena!

The famous neutral (pH 7.5) soap from Belgium. Used and recommended by physicians and dermatologists on three continents. Neutralizes acid and alkaline media — makes the skin as neutral as pure water. Preserves and protects natural skin functions. Keeps it soft and pliable. Wash hands 50 times a day. Your skin will not dry or peel. Cleanses like soap! Soothes like cream! A new adventure in all over cleanliness.

Write for sample and professional literature.



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(pH 7.5) SOAP



Her mother might help, but

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### SHE'D RATHER TALK TO YOU **ABOUT PIMPLES**

Only two people easily available to the adolescent can offer advice with assurance that it will be gratefully accepted. One is the mother and the other is the nurse in school, doctor's office, or elsewhere. Actually, the nurse, because of her professional stature and knowledge, can help where a parent often fails.

There is now a clinically-proven medication for pimples which you can recommend with confidence . . . CLEARASIL Medication. In skin specialists' tests on over 300 patients, 9 out of every 10 cases were cleared up or definitely improved while using CLEARASIL (either lotion or tube). Many nurses recommend it, as a survey of readers of this magazine showed . . . CLEARASIL was recommended 2 to 1 over any other product for pimples.

CLEARASIL combines sulphur and resorcinol in a new, scientific, oil-absorbing base. It works with a gentle, penetrating, drying action. And it's antiseptic to stop bacteria that can cause pimples. Skincolored, too . . . hides pimples while it works.

CLEARASIL is guaranteed to help clear skin fast or money back. 69¢ and 98¢ at

all drug counters. For free, professional sample of CLEARASIL and copy of clinical report, write Eastco, Inc., Box 260-RNC, New York 46. New York.

**NEW!** Smooth, soothing CLEARASIL Lotion Medication ... only \$1.25 (no fed. tax)



september, 1957

## Treatment mucosity\*

\*(excessive mucus discharge)

Mucosity often causes:
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"DENTURE ODOR"

POST-NASAL DRIP

GENITAL DISTRESS

and may be controlled with

GLYCO -

an alkaline cleansing solution for soothing mucous membranes

When excessive, sticky, mucus secretions harass the Oral or Genital passages, a rinse, spray or douche with soothing Glyco-Thymoline helps amazingly. Glyco-Thymoline does not contain non-proved germicidal agents. It works differently:

- 1. It removes germ-laden mucus secretions.
  2. It helps "tone-up" mucous membranes to
- 2. It helps "tone-up" mucous membranes to resist infection.
- 3. It aids healing amazingly.
- It neutralizes acidity with an alkalinity quotient of pH 7.2 plus.
- 5. It refreshes as it cleanses.
- 6. It relieves soreness.

That's why leading physicians, including eminent Rhinologists and Gynecologists, recommend Glyco-Thymoline so highly for "mucosity" (abnormal, excessive mucus secretions). You too can recommend Glyco-Thymoline freely with complete confidence. Pleasant, deodorizing, refreshing, Glyco-Thymoline is available at your local drug stores without a prescription. Suggest the large economy size to your patient.

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Gentlemen: of Glyco-Thy		send	me	(free)	sample
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Address					R.N.

this term is often used in referring to persons who manifest symptoms of alcoholism without leading unmanageable lives.

Q. Are there figures on the possibility of potential alcoholics becoming compulsive drinkers?

A. Yes. The National Council on Alcoholism states that one out of every fifteen drinkers will become an alcoholic at some time in the future.

Q. Is a "blackout" a symptom of alcoholism?

A. Yes. A "blackout" or temporary amnesia as a result of drinking isn't normal.

Q. What is the National Council on Alcoholism?

A. It is a nationwide, nonprofit health agency that dispenses information about the disease of alcoholism. It is neither "wet" nor "dry." It is interested in public health education, research, and rehabilitation of alcoholics.

Q. Is the NCA connected with Alcoholics Anonymous?

A. No. It is completely independent of AA.

Q. What is AA?

A. In its own preamble, AA states: "Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others recover from alco-



### Builds good will. Raises money for hospitality shops, Gray Ladies, etc.

The plan is simple. On leaving the hospital, your maternity patients are given six Evenflo Nursers containing a full day's supply of their own baby's prescribed formula. This formula in the 8-oz. Evenflo Nursers, complete with nipples and caps, is prepared, sterilized and sealed in your own nursery kitchen and packed in the handy carry-out package shown above. (We furnish the forms from which the mothers may order this convenient service.)

The nominal charge for the formula-filled nursers may be added to the patient's bill or paid for in cash. Your hospital or the auxiliary makes the profit! Evenflo Nursers can be purchased from your local distributor. For more information on this modern good will builder, write—

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september, 1957

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### modern woman's way to internal cleanliness



Far more effective than any homemade solution, yet safe for delicate tissues — Zonite for the douche!

Today, thanks to nurses' recommendations, many women are discovering an intimate "clean feeling" they've never known before. They are discovering Zonite – the modern woman's way to internal cleanliness.

Zonite is a *proven* antiseptic, based on the trusted Dakin's solution you know so well . . . far more effective than homemade douches. In fact, Zonite is the one effective liquid specially made for feminine hygiene.

Recommend this modern woman's way to internal cleanliness. For a *free* professional sample of Zonite, write Dept. RN-97, Dunbar Laboratories, Mountain View, N. J.



holism. The only requirement for membership is an honest desire to stop drinking. AA has no dues or fees. It is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics achieve sobriety.

Q. Is it difficult to contact AA?
A. No. Groups are listed in telephone books under "Alcoholics Anonymous."

Q. What does "anonymous" mean in relation to AA?

A. Traditionally, members don't ever disclose their membership through any public medium.

Q. If I joined AA could I keep it a secret?

A. Yes, if you wanted to. No other AA member would tell anyone that you belonged to the fellowship.

Q. Could I call AA about a friend or relative?

A. Only if he asked you to do so. However, AA does refer relatives and friends of alcoholics to its Al-Anon family groups. As members of these groups, relatives learn about the disease and how to cope with the alcoholic member of the family.

[Collateral reading list available on request from R.N.—A Journal for Nurses, Oradell, N. J.]

### for severe infections FURADANTIN®

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### intravenous solution



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often rapidly effective: in systemic infections such as septicemia (bacteremia), peritonitis, and other bacterial infections as of postoperative wounds and abscesses, when the organism is susceptible to Furadantin; in severe genitourinary tract infections when the patient is unable to take Furadantin by mouth.

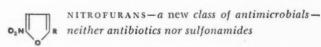
FURADANTIN possesses a wide range of antibacterial effectiveness; bactericidal; negligible development of bacterial resistance. No crystalluria, monilial overgrowth, staphylococcic enteritis, stomatitis, colitis, proctitis, anal pruritus or hematopoietic, renal or hepatic toxicity have ever been reported with its use.

FURADANTIN I.V. has proven dramatically effective—often lifesaving — even in infections which failed to respond to other antibacterials. It has been administered to adults and children alike without serious toxic effects.

FURADANTIN INTRAVENOUS SOLUTION (sterile) contains 0.6% FURADANTIN dissolved in polyethylene glycol 300. Supplied in 10 cc. ampules (60 mg. FURADANTIN each), box of 12, for use in sterile diluents by slow intravenous drip only.

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#### DRUGS FOR DEPRESSED

continued from page 67

than either picrotoxin or Metrazol, though it acts reflexly as well as directly to stimulate depressed respiration. Indirect stimulation occurs when Coramine is carried by the blood to certain drug-sensitive receptor cells in the neck. These "chemoreceptors," located in the carotid arteries, then send a stream of impulses volleying up to the depressed respiratory center, which in turn responds to the reflex stimulation with bursts of motor impulses to the breathing muscles.

The respiratory and vasomotor centers may also be stimulated reflexly by other substances that irritate peripheral receptors. Brandy, for example, or ammonia vapors inhaled from smelling salts. stimulate the vital centers indirectly, though the action of most such reflex stimulants is too weak and fleeting to support failing respiration and circulation for long. Certain drugs that act indirectly through higher brain centers may be more effective. These include the cerebral cortex stimulants caffeine and amphetamine (Benzedrine), which stimulate respiration indirectly by reducing the depth of cortical depression, thus releasing a flow of stimulating impulses that move downward to the brainstem centers.

These drugs are relatively safe analeptics; convulsions are unlikely, even when the doses ad-

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ministered are large enough to stimulate the lower medullary and spinal centers directly as well as reflexly. Indeed, amphetamine and its relatives have been used to prevent petit mal epileptic seizures, and are frequently combined with phenobarbital and other depressant anticonvulsants to reduce drowsiness in the treatment of grand mal epilepsy.

Even more important than the value of cerebral stimulants in overcoming drug depressions are their psychic effects in the treatment of depressions of psychogenic origin. Small doses of amphetamine derivatives often bring about dramatically beneficial effects in emotionally depressed patients: Such people become brighter, more wakeful, and alert; feelings of fatigue are relieved; moods of apathy and discouragement are replaced by a renewed interest in life; confidence and initiative increase, as does the output of mental and physical work.

These effects which amphetamine and such derivatives as dextro-amphetamine (Dexedrine) have on the mood and personality also account for their use as adjuncts to psychotherapy in the reatment of alcoholism, behavioral disorders of childhood, and other mental and emotional illnesses. The alerting actions of these drugs and their effect on wakefulness often prevent uncontrollable attacks of sleepiness in narcolepsy victims; drowsiness, lethargy, and other symptoms of

postencephalitic Parkinsonism are also relieved.

The ability of these drugs to produce a feeling of well-being, to overcome fatigue, and to prevent sleepiness has led many laymen to abuse them. Newspaper scare stories concerning the disastrous effects of the "pep pills" on truck drivers, students, and others have given the drugs an undeservedly bad reputation.

While overdosage can cause hyperexcitability, mental confusion, and mania, the danger lies less in the drugs' direct toxicity than in their ability to mask signs of exhaustion. Failure to feel fatigue while working hard and long under the influence of these drugs has led some people to drive themselves into states of collapse. The amphetamines, it must be remembered, do not remove the need for rest and sleep, merely postpone it.

Amphetamine and the other centrally acting "sympathomimetic" amines are relatively safe when used judiciously under medical supervision; their actions at peripheral sites, however, do produce a number of annoying side effects in some people. Stimulation of sympathetically innervated cardiovascular and gastrointestinal structures often produces cardiac palpitations, rises in blood pressure. anorexia, nausea, and vomiting.

The ill effects of such sympathetic stimulation, and the excessive excitability often following administration of amphetamines, have spurred a search for drugs



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which would retain the desirable psychic actions yet be free of annoying side effects. Two recently introduced psychomotor stimulants said to possess such properties are pipradrol (Meratran) and methylphenidate (Ritalin). These new antidepressants reportedly overcome fatigue and improve the mood without causing pulse and pressure changes, jitteriness, or loss of appetite.

The last-named or anorexigenic side action of the amphetamines has been utilized therapeutically in the management of obesity. Administered about an hour before meals, the drugs diminish the desire for food, thus helping some people stay on a low caloric diet long enough to lose weight. While

central stimulation plays a part in this appetite-depressing action of amphetamine, central side effects (including insomnia) have limited its usefulness. A new anorexigenic agent, phenmetrazine (Preludin), recently introduced, is said to be relatively free of such stimulating side effects.

Severely depressed mental patients often lack interest in food and suffer a marked weight-loss; hence, amphetamines and other psychomotor stimulants that diminish appetite may be contraindicated in such cases. For this reason, considerable interest has been aroused by recent reports that iproniazid (Marsilid) improves the appetite and produces gains in weight and vitality when



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used to treat depressed and debilitated mental patients.

Iproniazid, introduced originally for the treatment of tuberculosis, was largely abandoned because the doses required for that condition caused excessive nervous stimulation. Now, administered in much lower doses that don't produce undesirable overstimulation, the drug appears to possess properties valuable in relieving the depression of regressed, debilitated, mental patients.

Psychiatrists hope to confirm these early results, for such patients have not been helped by the tranquilizers that have proved so effective for quieting agitated, overactive psychotics. Biochemists and pharmacologists are also interested in determining how iproniazid works, in order to design new drugs of even greater potency as psychic energizers.

One theory concerning iproniazid is based upon the fact that it interferes with the action of amine oxidase, an enzyme known to destroy certain chemicals controlling nerve impulse transmission between brain cells. It has been suggested that this anti-enzyme action helps build up the brain's supply of serotonin, a neurohormone needed for normal behavior.

While this theory is far from proven, such studies of the mode of iproniazid's action may lead to a better picture of brain-function and development of stimulating drugs of greater selectivity.

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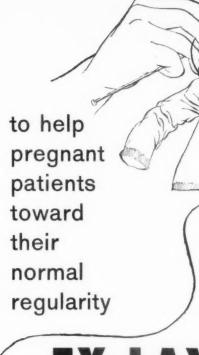
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- H. Beckman: Treatment in General Practice. W. B. Saunders Co., 1946; p. 478.
- 2. A. Grollman: Pharmacology and Therapeutics. Lea & Febiger, 1954; p. 391.
- W. J. Visek, W. C. Liu, L. J. Roth: Studies on the Fate of Carbon-14 Labeled Phenolphthalein. Jour. Pharmacol. and Exp. Therapeutics, July 1956; 117:347.

continued from page 82

him that his concern for his wife was sincere and normal, that he had a happy outlook, and that he showed no misgivings about their ability to raise a family.

I was in the office on the morning he phoned to tell us, in pleasant excitement, that his wife had just delivered a fine baby girl weighing seven pounds. All had gone well—and both my supervisor and I felt a measure of joy resembling that of proud grandparents.

Following a week of hospital care, mother and baby went home, and I resumed my daily visits to the little house where handicaps were not regarded as hindrances. But in a very short time, I was able to space those visits, leaving more and more of Baby Ann's care to her able young mother; and when at last I was needed no longer, I made my adieus with a little pang.

Neighbors told me later what an inspiring sight it was to see the happy parents out for an evening stroll—the mother pushing the baby buggy while her husband, cane in hand, guided them safely along the sidewalk.

Some two years later, when little Ann was beginning to lead her sightless parents about, a baby brother was added to the family. But this time, our help wasn't needed by this now well-experienced couple.

As nurses, we are apt to become complacent, or even a little discouraged under pressure. Thus, we run the risk of losing perspective—which, in the long run, offers far greater satisfaction than our muchneeded pay checks. Personally, I feel honored to have had the opportunity to help this sightless couple; such an experience is, in fact, the world's best reason for being a nurse.

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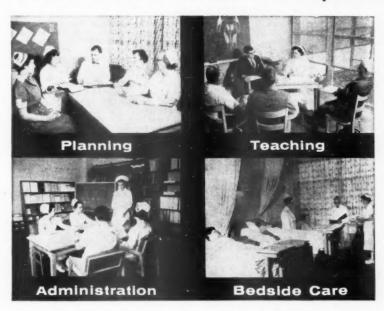
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GENERAL STAFF NURSES: 370 bed ap-

GENERAL STAFF NURSES: 370 bed approved gen hosp, intern and resident program. \$300 per mo starting salary, \$15 per mo merit increases at 6, 12, 24, 36 mos. 40 hr wk. 2 wks pd vacation, pd sick leave accumulative to 30 days, 7 pd holidays. Pleasant coast city in outstanding recreational area. Apply: Director of Personnel, Seaside Memorial Hospital, Long Beach 13, Calif. GRADUATE & ASSISTANT HEAD NURSES:

\$4500 per yr with accredited hospital experience. \$4044 per yr with no experience. Opportunities for exceptional experience and service to an expanding community in Los Angeles County. Our hospital system is utilized for the training of over 2000 nurses, medical students, medical technicians, in-terns and resident physicians, and is affiliated with the medical schools of the University of California at Los Angeles, the University of Southern California, the Col-lege of Medical Evangelists, and the Los lege of Medical Evangelists, and the Los Angeles College of Osteopathic Physicians and Surgeons. Current openings may be found in the following services: Orthopedics, E.N.T., Eye, GU, Neurosurgery, Neuromedicine, Medicine, Obstetrics, Delivery Rooms, Premature Nurseries, Surgical, Gynecology, Pediatrics, Detention, Geriatrics, Communicable Disease, and the Osteopathic Hospital. Our hospital system is large enough to offer the careerminded nurse many exceptional merit advances to positions of head and supervising nurse. For information write to: Betty Hartwig, R.N., Los Angeles County General Hos-

pital, Box 1311, 1200 North State St., Los Angeles 33, Calif.
GRADUATE NURSE: New 32 bed gen hosp in central Iowa, 50 mi W. of Des Moines. Good starting salary with meal on duty and laundry of uniforms. Excellent working conditions; Social Security, Blue Cross and Retirement henefits. Apply to Administrator, Guthrie County Hospital, Guthrie Center, Iowa.

GRADUATE NURSES: For positions in all services, 320 bed teaching hospital located on the UCLA campus. Salary \$317 per mo, first increase after 6 mos of employment, pay differentials for eve and night duty and for

psychiatric and operating room. 40 hr wk, 3 wks vacation, sick leave benefits. California registration required. Write or apply Employment Office, University of California Medical Center, Los Angeles 24, Calif.

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GRADUATE NURSES: Positions available at 398 bed non-sectarian, acute, general hospital with fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Apartment available in the immediate neighborhood. Apply Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio,

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GRADUATE NURSES: Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished. 2 weeks paid vacation and 7 days sick leave per year. 5 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

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GRADUATE STAFF NURSES: For summer or full time positions 147 bed hospital with school of nursing, situated 100 mi from New York. Beginning salary ranging from \$265-\$270 to \$300, evening duty bonus \$20, night duty bonus \$30, operating room call bonus \$15, paid vacation and sick leave, full maintenance available. Apply Director of Nursing, Southampton Hospital, Southampton, N.Y.

INDUSTRIAL-CLINIC-OFFICE: (a) Courier Nurses, Stewardesses, East, West, Foreign assignments, to \$400, expenses, (b) Clinic, Monday-Friday, exceptional facilities, Chicago, \$400, (c) Office R.N., leading industrial physician, near NYC, good opportunity. RN9-5 Burneice Larson, Medical Bureau, 900 N Michigan Ave., Chicago, Ill.

INSTRUCTOR, AUXILLARY PERSONNEL: 316 bed general hospital in a busy industrial city in Central Ohio. Degree preferred. Should have had experience in supervision and teaching. 40 hr wk and other liberal personnel policies. For further information write to Director of Nursing, Mansfield General Hospital, Mansfield, Ohio

INSTRUCTOR IN NURSING ARTS: Immediate opening. Salary range \$371-464. Not over age 50. 250 bed hospital, thoracic diseases and chronic illness rehabilitation. American or Canadian citizen, Calif. registered. Send personal record, references and recent photo to Medical Director, Tulare-Kings Counties Hospital, Springville, Calif.

INSTRUCTORS: (a) Science, leading Chicago, hsp. teach Anatomy, Physiology, Pharmacology, \$5000. (b) Practical Nurse program, public school system, leading cities, E., M.W., \$6500. (c) Foreign assign. American owned hsp. ped, surg, OR, to \$10,000, air travel. RN9-6 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

travel. RN9-6 Burneice Larson, Medical Burneau, 900 N. Michigan Ave., Chicago, Ill. LAB TECHNICIANS: 40 hr wk, straight 8 hrs. Salary \$325-350 plus 25% of monthly call. 7 pd holidays, 2 to 3 wks pd vacation, 12 days a year sick lv. B'ue Cross Group Insurance, Social Security. Notify: Hoemako Cooperative Hospital (41 bed), Box 1837, Casa Grande, Ariz.

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MALE SUPERVISOR: 41 bed floor, male orthopedic and compensation patients, prior supervisory experience necessary, salary open. Contact Personnel Office, Sutter Community Hospitals, Sacramento, Calif.

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NURSE SUPERVISOR FOR OBSTETRICAL SERVICE: Experience desirable but not necessary, Sick lv and annual vacation. Retirement benefits available. Salary open. Apply Administrator, Robinson Memorial Hospital, Rayenna Ohio.

NURSE 2:30-11 SHIFT: Charge 60 bed orthopedic hospital. 40 hr wk, good benefits. Shriners Hospital, Minneapolis, Minn. NURSES: Two, for general duty in small

NURSES: Two, for general duty in small hospital associated with clinic. One for three to eleven shift and the other for relief of all shifts and help where needed. Hospital is 2 years old, patients mostly surgical and starting salary \$325 per mo. For information write Edward B. Stevens, Administrator, Watts Clinic & Hospital, Silver City, N. Mex.

NURSES: General duty (3-11, 11-7) and OR for 600 bed general hospital in downtown Philadelphia. 40 hr wk, liberal personnel policies, sick lv. vacation, living facilities. (Canadian nurses may apply. English required). Write or call: Director of Nursing, Hahnemann Hospital, Philadelphia 2, Pa. LOcust 4-5000.

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NURSES: We, an expanding 224 bed non-sectarian general hospital, JCAH approved with temporary NLN accredited school of nursing, located near Stewart Field Air Base and West Point, 1 hr from NYC, and half hr from resort areas have the following to offer you: Openings at all levels with differentials for eve and night duty, bonus for OR call, 40 hr wk, Social Security, cumulative sick leave, half Blue Cross premiums pd by hospital, 7 pd holidays, low cost cafeteria, regular merited increments, educational subsidies, social and advancement opportunities, excellent personnel policies, in-service education, health program, friendly cooperative working relations and conditions, air-conditioned operating room and recovery room, democratic philosophy and constant improvements in physical plant, equipment, personnel policies and nursing care. We are interested in you. Contact Director of Nursing, St. Luke's Hospital, Newburgh, N.Y.

Licensed Practical for 190 bed general hospital, 45 mins from NYC. 5 day 40 hr wk. all shifts medical and surgical. Bonus for after-

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NURSES: Graduate, registered, staff, inservice education, liberal personnel policies, rotating shifts. Located near Gulf, Social Security and retirement plan available. Starting salary \$300. Apply Nursing Supervisor, Polio Center, 1801 Buffalo Drive, Houston 3, Tex. NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Medern hospital. Write Director of Nurs-Medern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morris-

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thopedic hospital, 40 hr wk, no call, weekends off. Good benefits, Shriners Hospital, Minne-

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apolis, Minn. NURSING IN MEDICAL RESEARCH: Use your highest skills in caring for acutely and chronically ill patients who are constantly observed and actively treated. Pay starts considerably higher than comparable nonresearch positions and increases periodically. Modern hospital in major Research Center. Assistance in finding suitable housing provided. Please send summary of educational and professional experience to Sloan-Kettering Institute, c/o Dr. R. B. Golbey, 444 E. 68th St., New York 21, N.Y.

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300 bed hospital, liberal personnel policies.
40 hr wk, extra bonus for Special Dept. plus additional bonus for time made up for oncall. Recognition for preparation and experience. Mercer Hospital, 446 Bellevue Ave., Trenton, N.J.

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OPERATING ROOM NURSES: \$300 monthly, \$10 raise every 6 mos for 3 yrs, 7-3 work approximately one weekend a mo, on call approximately twice a wk, \$7.50 for each time called. Hospital for Crippled Children (and Adults), 89 Park Ave., Newark, N.J.

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OPERATING ROOM SUPERVISOR: Pediatric teaching Supervisor; Clinical instructor medical and surgical nursing; Obstetrical supervisor. Apply to Directress of Nurses, St. Mary's Hospital, West Palm Beach, Fla. OPERATING ROOM SUPERVISOR: 100 bed

gen hosp, 44 hr wk, post graduate course desired, sick lv, vacation, salary open. Apply Box ASBH-1 c/o R.N. Magazine, Oradell, N.J. OPERATING ROOM SUPERVISOR-IN-STRUCTOR: Expanding 200 bed general hospital located in industrial and college area on Mississippi River. B.S. Degree in education desirable. 40 hr wk with liberal vacation and sick ly policy. Salary commensurate with experience and education. Apply to Director of Nursing Service, St. Luke's Hospital, Daven-

OPERATING ROOM SUPERVISOR & OB-STETRICAL STAFF NURSES: 225 bed gen-eral hospital located near Grand Traverse Bay in the heart of summer and winter recreational area, 150 mi north of Grand Rapids. Scheduled Capital Airlines service from Detroit and Chicago. Basic rate for OR supervisor \$341, OB staff nurses \$273, automatic increases, 40 hr 5 day wk and bonus for on-call duty, 6 pd hr 5 day wk and bonus for on-call duty, o pu-holidays, 2 wks vacation, 10 days sick lv cum-ulative to 50 days, Social Security, nurses residence and free laundering of uniforms. Write to Director of Nursing, James Decker Munson Hospital, Traverse City, Mich. OR & GENERAL DUTY NURSES: All shifts.

OR & GENERAL DUTY NURSES: All shifts. 73 bed general hospital in Southern California. Same to be increased to 120 beds. Near beaches, mountains, 35 mi from San Diego. Calif. registration desired. Base pay Gen. Duty \$300, PM and night differential, Surgery \$320 with pay per case on call. 6 mos increase for 5 years, 2 wks vacation yrly. sick time after 6 mo at 1 day per mo. May accumulate to 30 days. Apply Director of Nurses, Palomar Memorial Hospital, 550 E. Grand Ave., Escondido, Calif. OR NURSES: 5 day 40 hr wk. On call 2 nights weekly. Suburban Hospital, Bethesda, Md. OR SUPERVISOR-INSTRUCTOR AND

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Hospital, Newburgh, N.Y.
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PSYCHIATRIC HEAD NURSE: Position
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Buffalo General Hospital, Buffalo, N.Y.
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PUBLIC HEALTH NURSE: Who can qualify certification and registration in State of Wisconsin. Generalized program. Good personnel

policies and salary, dependent on experience and qualification. Mileage. If you like the North Woods and outdoor recreation in a resort area, this is your location. Write or contact L. S. Predeth, Chairman Forest County Board, Crandon, Wis. PUBLIC HEALTH NURSE SUPERVISORS:

PUBLIC HEALTH NURSE SUPERVISORS:
Baltimore County Health Department, suburban, rural and industrialized areas. Population 400,000. 8 mi. from Baltimore City. Generalized program including school health program. Car furnished. Sick leave and vacation after 6 mos. 5 day wk, retirement plan, 13 pd holidays. Present salary \$4263-\$5151. Write to Dr. William H. F. Warthen, Health Officer, Baltimore County Health Department, Towson 4, Md.

Towson 4, Md. QUALIFIED NURSE ANESTHETIST: Immediate opening in new 100 bed general hospital. Excellent working conditions in resort area, Minimum call time, Beginning salary \$450 per mo. For more information write Mercy Hospital, Port Huron, Mich. QUALIFIED PUBLIC HEALTH NURSE & REGISTERED NURSE: Salary for public health nurse \$4000. Immediate appointment on provisional basis. Permanent appointment with increases up to \$5080, 37 hr wk, liberal

QUALIFIED PUBLIC HEALTH NURSE & REGISTERED NURSE: Salary for public health nurse \$4000. Immediate appointment on provisional basis. Permanent appointment with increases up to \$5080, 37 hr wk, liberal vacation and personnel policies, pension rights, in-service training, promotional opportunities. Generalized service including maternal and child care, school health and communicable disease control. Salary for registered nurses \$3500-3980. Opportunity for registered nurses secking public health qualifications. Immediate appointment, 37 hr wk, liberal personnel policies. Applicants must be able to matriculate for public health



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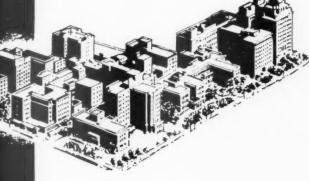
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In the Baltimore County Health Department. Suburban, industrialized and rural areas, Population 400,000. 8 mi from Baltimore, eralized program including school health program. Cars furnished. Sick leave and vacation after 6 mos, 5 day wk, retirement plan, 13 pd holidays. Senior Public Health Nurse beginning salary \$3339. Junior Public Health Nurse, \$3099. Write to Dr. William H. F. Warthen, Health Officer, Baltimore County Health Department, Towson 4, Md.

R.N.: Full charge small private nursing home, Montclair, N.J. Excellent salary. home, Montclair, N.J. Excellent salary. Choice hours and days off. Live in or out. PI 6-7896 or after 6 pm DR 6-6309. R.N.: For 10 bed general hosp. Pd vacation, 40 hr wk and sick lv. Living accommodations

available at minimal charge. Start \$260 per mo, including meals. Regular salary increases. Write Shelagh Near, Box 475, Chester, Mont.

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RN'S: 2, for charge nurse duty in 18 bed hospital. Salary \$300-\$350 per mo, 2 wks vacation with pay after 1 yr, 3 wks after 5 yrs, 12 sick lv days and 7 holidays with pay per yr, Social Security, group hospital ins. Partial maintenance. May be either newly graduated or experienced. Write Supt. Beaver County Hospital, Milford, Utah

REGISTERED & LICENSED PRACTICAL

NURSES: Straight shifts uniforms laundered.

NURSES: Straight shifts, uniforms laundered, plus one meal. Paid vacation, sick lv and holidays. Soc. Sec. Write to Directress of Nurses, 6th District Tuberculosis Hospital. 800 St. Anthony St., Mobile, Ala.

800 St. Anthony St., Mobile, Ala. REGISTERED NURSE: As supervisor in 37 bed general hospital. Located in ranching country not far from Black Hills. Sandhills General Hospital, Valentine, Nebr. REGISTERED NURSE: Intravenous therapy

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REGISTERED NURSES: So, California coastal area between L.A. and Santa Barbara. 350 bed hospital. Chance for advancement, 40 hr wk, 3 wks vacation, 12 days sick lv, 11 holidays a yr. Lovely nurses home. \$302 mo to start. Shift differential. We hire Canadian nurses, Inquire Ventura General Hospital, Ventura, Calif.

REGISTERED NURSES: Gen duty, 25 bed hosp, starting sal. \$300 per mo, room & board. 40 hr wk, rotating shifts, 8 holidays, sick lv. vacation. Apply Director of Nurses, Mt. Grant General Hospital, Hawthorne, Nev. REGISTERED NURSES: Men and women for beautiful new 500 bed General Medical and Surgical Veterans Administration Hospital, Dallas, Texas. Personnel policies include 40 hr wk, 30 days annual leave, 15 days sick lv and 8 holidays. Salaries begin at \$4025 for Junior Grade and \$4730 for Associate Grade. Uniform allowance and free laundry provided. Contact Chief, Nursing Service, V Administration Hospital, Dallas, Tex.

REGISTERED NURSES: 60 bed gen hosp in Hawaii. New 78 bed building under construction. Base salary \$250, \$10 differential for 3-11 & 11-7. Full maintenance \$46. Good personnel policies, For details write Director of Nursing, Wahiawa General Hospital, P.O. Box 256, Wahiawa, Oahu, Hawaii

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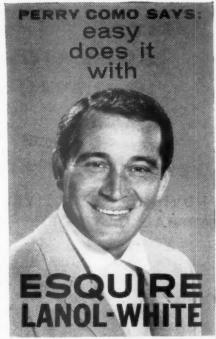
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